

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
Dee Adcock for Congress

ADDRESS (number and street) 2629 Philmont Avenue
Check if different than previously reported. (ACC) Huntingdon Valley PA 19006-5301

2. FEC IDENTIFICATION NUMBER C C00557389
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT PA 13

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[X] April 15 Quarterly Report (Q1)
[] July 15 Quarterly Report (Q2)
[] October 15 Quarterly Report (Q3)
[] January 31 Year-End Report (YE)
[] Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
[] Primary (12P) [] General (12G) [] Runoff (12R)
[] Convention (12C) [] Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 31 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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

Type or Print Name of Treasurer Linda Dexter

Signature of Treasurer Linda Dexter [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2014

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Dee Adcock for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13600	13600
(b) Total Contribution Refunds (from Line 20(d))	50	50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13550	13550
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16361.32	16361.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16361.32	16361.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47188.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50000	

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

Dee Adcock for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13050	13050
(ii) Unitemized.....	550	550
(iii) TOTAL of contributions from individuals ▶	13600	13600
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13600	13600
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000	50000
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000	50000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	63600	63600

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16361.32	16361.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	50	50
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50	50
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16411.32	16411.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63600
25. SUBTOTAL (add Line 23 and Line 24).....	63600
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16411.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47188.68

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Dee Adcock for Congress

A. Full Name (Last, First, Middle Initial)
Dale W Adcock

Mailing Address 2626 Philmont Avenue

City: Huntingdon Valley State: PA Zip Code: 19006-5302

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

Name of Employer: W W Adcock Inc Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **450**

Date of Receipt: **02 / 22 / 2014**

Transaction ID : A-CF17

Amount of Each Receipt this Period: **450**

B. Full Name (Last, First, Middle Initial)
David L Service

Mailing Address 3570 Cranberry Drive

City: Huntingdon Valley State: PA Zip Code: 19006-3021

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

Name of Employer: N/A Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **02 / 26 / 2014**

Transaction ID : A-CF20

Amount of Each Receipt this Period: **500**

C. Full Name (Last, First, Middle Initial)
Sandy Adcock

Mailing Address 1714 Brook Road

City: Jenkintown State: PA Zip Code: 19046-1462

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

Name of Employer: 2629 Philmont Ave Assoc Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **650**

Date of Receipt: **03 / 01 / 2014**

Transaction ID : A-IF25

Amount of Each Receipt this Period: **650**
Inkind: Office Rent

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 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

A. Full Name (Last, First, Middle Initial)
John Mayer

Mailing Address 2162 Gregory Place

City State Zip Code
Sea Girt NJ 08750-1803

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

Name of Employer Occupation
Haywood Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : A-CF23

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Michael Hagerty

Mailing Address 1030 W Soft Wind Place

City State Zip Code
Tucson AZ 85737-8629

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

Name of Employer Occupation
Inter-Fab Inc Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : A-CF24

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Michael Campbell

Mailing Address PO Box 247

City State Zip Code
Emigsville PA 17318-0247

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

Name of Employer Occupation
Quality Construction Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

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

Transaction ID : A-CF27

Amount of Each Receipt this Period
300

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

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

3150.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

A. Full Name (Last, First, Middle Initial)
Christopher Curtis

Mailing Address 2495 Moore Way

City La Vergne State TN Zip Code 37086-2785

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

Name of Employer Pool Source LLC Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

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

Transaction ID : A-CF38

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Robert Lauter

Mailing Address 725 N Main Street

City Auburn State IN Zip Code 46706-1223

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

Name of Employer Master Spas Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

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

Transaction ID : A-CF46

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Sherry L Lauter

Mailing Address 725 N Main Street

City Auburn State IN Zip Code 46706-1223

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

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

Transaction ID : A-CF47

Amount of Each Receipt this Period
2600

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

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

5700.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

A. Full Name (Last, First, Middle Initial)
Pamela Loewen

Mailing Address 115 Turner Road

City State Zip Code
Williamston MI 48895-9339

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

Name of Employer Self Occupation Artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

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

Transaction ID : A-CF53

Amount of Each Receipt this Period
2600

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).....

2600.00

13050.00

**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 9 OF 21
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

A. Full Name (Last, First, Middle Initial)
Carson Dee Adcock

Mailing Address 1714 Brook Road

City Jenkintown State PA Zip Code 19046-1462

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

Name of Employer W W Adcock Inc Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50000**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : A-LL1

Amount of Each Receipt this Period
10000

Loan from Personal Funds

B. Full Name (Last, First, Middle Initial)
Carson Dee Adcock

Mailing Address 1714 Brook Road

City Jenkintown State PA Zip Code 19046-1462

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

Name of Employer W W Adcock Inc Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50000**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : A-LL2

Amount of Each Receipt this Period
10000

Loan from Personal Funds

C. Full Name (Last, First, Middle Initial)
Carson Dee Adcock

Mailing Address 1714 Brook Road

City Jenkintown State PA Zip Code 19046-1462

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

Name of Employer W W Adcock Inc Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50000**

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

Transaction ID : A-LL3

Amount of Each Receipt this Period
30000

Loan from Personal Funds

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

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

50000.00

50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. Dexter Campaigns		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 72		Amount of Each Disbursement this Period 525 Transaction ID : B-E-4
City Uwchland	State PA	
Zip Code 19480-0072	Purpose of Disbursement Consultant FEC Compliance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RCR Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 55 Beacon Hill Lane		Amount of Each Disbursement this Period 4704 Transaction ID : B-E-2
City Phoenixville	State PA	
Zip Code 19460-2712	Purpose of Disbursement Paraphernalia: Palm Cards	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Carson Dee Adcock		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1714 Brook Road		Amount of Each Disbursement this Period 469.27 Transaction ID : B-E-3
City Jenkintown	State PA	
Zip Code 19046-1462	Purpose of Disbursement Reimburse Postage & Meals	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	5698.27
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 11 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 830 Welsh Road		Amount of Each Disbursement this Period 362.5
City Huntingdon Valley	State PA	
Zip Code 19006-6015	Purpose of Disbursement Postage	Transaction ID : B-S-2
Candidate Name	Category/Type 001	
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)	[MEMO ITEM] Subitemization of Carson Dee Adcock(02/28/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Sandy Adcock		Date of Disbursement MM / DD / YYYY 03 / 01 / 2014
Mailing Address 1714 Brook Road		Amount of Each Disbursement this Period 650
City Jenkintown	State PA	
Zip Code 19046-1462	Purpose of Disbursement Inkind: Office Rent	Transaction ID : B-I-25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. W W Adcock		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 2611 Philmont Avenue		Amount of Each Disbursement this Period 342.5
City Huntingdon Valley	State PA	
Zip Code 19006-5301	Purpose of Disbursement Reimburse Payroll	Transaction ID : B-E-5
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	992.50
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 12 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 830 Welsh Road		Amount of Each Disbursement this Period 19.6
City Huntingdon Valley	State PA	
Zip Code 19006-6015	Purpose of Disbursement Administrative/Salary/Overhead: Postage	Transaction ID : B-E-11
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. May Fair Civic Assoc		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 3122 Windish Street		Amount of Each Disbursement this Period 500
City Phila	State PA	
Zip Code 19152-4518	Purpose of Disbursement Administrative/Salary/Overhead: Sponsor	Transaction ID : B-E-14
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Greater Glenside Parade Association		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 72		Amount of Each Disbursement this Period 500
City Glenside	State PA	
Zip Code 19038-0072	Purpose of Disbursement Administrative/Salary/Overhead: Sponsor	Transaction ID : B-E-13
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1019.60
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 13 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. PAETEC		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address PO Box 9001111		Amount of Each Disbursement this Period 386.74
City Louisville	State KY	
Zip Code 40290-1111	Purpose of Disbursement Telephone	Transaction ID : B-E-29
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Carson Dee Adcock		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 1714 Brook Road		Amount of Each Disbursement this Period 257.38
City Jenkintown	State PA	
Zip Code 19046-1462	Purpose of Disbursement Travel: Reimburse Mileage	Transaction ID : B-E-30
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Carson Dee Adcock		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 1714 Brook Road		Amount of Each Disbursement this Period 500
City Jenkintown	State PA	
Zip Code 19046-1462	Purpose of Disbursement Reimburse Sponsorship	Transaction ID : B-E-31
Candidate Name	001 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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1144.12
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 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. Holmesburg Civic Association		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 8047 Walker Street		Amount of Each Disbursement this Period 500
City Phila State PA Zip Code 19136-2721	Purpose of Disbursement Sponsor	001 Category/ Type
Candidate Name	Transaction ID : B-S-3	
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)	[MEMO ITEM] Subitemization of Carson Dee Adcock(03/21/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Complete Campaigns		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software Support	001 Category/ Type
Candidate Name	Transaction ID : B-E-33	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1025 Easton Road		Amount of Each Disbursement this Period 211.14
City Willow Grove State PA Zip Code 19090-2023	Purpose of Disbursement Office Supplies	001 Category/ Type
Candidate Name	Transaction ID : B-E-42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	861.14
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 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. Rich Barr		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3100 Glenview Street Floor 1		Amount of Each Disbursement this Period 860 Transaction ID : B-E-37
City Phila State PA Zip Code 19149-2601	Purpose of Disbursement Paraphernalia: T-Shirts Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Barnes & Noble		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 102 Park Avenue		Amount of Each Disbursement this Period 267.12 Transaction ID : B-E-39
City Willow Grove State PA Zip Code 19090-3219	Purpose of Disbursement Administrative/Salary/Overhead: Gift Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Complete Campaigns		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 5 Transaction ID : B-E-43
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Credit Card Discount Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1132.12
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 16 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. Staples.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 714.15 Transaction ID : B-E-40
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 830 Welsh Road		Amount of Each Disbursement this Period 49 Transaction ID : B-E-41
City Huntingdon Valley	State PA	
Zip Code 19006-6015	Purpose of Disbursement Administrative/Salary/Overhead: Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Wells Fargo Payroll Serices		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 401 S Tryon Street		Amount of Each Disbursement this Period 161.04 Transaction ID : B-E-36
City Charlotte	State NC	
Zip Code 28202-1911	Purpose of Disbursement Employer Payroll Tax	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	924.19
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 17 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Payroll Serices		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 401 S Tryon Street		Amount of Each Disbursement this Period 60 Transaction ID : B-E-65
City Charlotte	State NC	
Zip Code 28202-1911	Purpose of Disbursement Payroll Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ryan Capone		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2046 Parkview Avenue		Amount of Each Disbursement this Period 1350 Transaction ID : B-E-35
City Abington	State PA	
Zip Code 19001-1222	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Dexter Campaigns		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 72		Amount of Each Disbursement this Period 2415 Transaction ID : B-E-45
City Uwchland	State PA	
Zip Code 19480-0072	Purpose of Disbursement Consultant FEC Compliance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3825.00
TOTAL This Period (last page this line number only).....	15596.94

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

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NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Full Name (Last, First, Middle Initial) A. All Seasons Pool & Spa		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1763 Marlton Pike E		Amount of Each Disbursement this Period 50 Transaction ID : B-E-32
City Cherry Hill	State NJ	
Purpose of Disbursement Contribution Refund: Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	50.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dee Adcock for Congress** Transaction ID : **SC/10-L1**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Carson Dee Adcock Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address 1714 Brook Road
 City Jenkintown State PA ZIP Code 19046-1462

Original Amount of Loan 10000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 10000
----------------------------------	---------------------------------	--

TERMS
 Date Incurred: M 02 / D 21 / Y 2014
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes 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: []

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00
TOTALS This Period (last page in this line only)..... ▶ []

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 (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Dee Adcock for Congress

Transaction ID : SC/10-L2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Carson Dee Adcock

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
1714 Brook Road

City State ZIP Code
Jenkintown PA 19046-1462

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000 0 10000

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 05 / Y 2014 M M / D D / Y None 0.00 % (apr) Yes 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:

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

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 (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dee Adcock for Congress** Transaction ID : **SC/10-L3**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Carson Dee Adcock Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address 1714 Brook Road
 City State ZIP Code
 Jenkintown PA 19046-1462

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000	0	30000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: []

SUBTOTALS This Period This Page (optional).....	▶	30000.00
TOTALS This Period (last page in this line only).....	▶	50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.