

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Securian, Inc PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="20973.44"/>	<input type="text" value="20973.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36998.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19970.00"/>	<input type="text" value="35995.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="56968.44"/>	<input type="text" value="56968.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10250.00"/>	<input type="text" value="10250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46718.44"/>	<input type="text" value="46718.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Securian, Inc PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19520.00	32315.00
(ii) Unitemized	450.00	3680.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19970.00	35995.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19970.00	35995.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19970.00	35995.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19970.00	35995.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10250.00	10250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10250.00	10250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10250.00	10250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19970.00	35995.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19970.00	35995.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Securian, Inc PAC

Full Name (Last, First, Middle Initial)
A. Rick L Ayers

Mailing Address 400 Robert Street N

City State Zip Code
St. Paul MN 55101

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

Name of Employer Occupation
Securian Financial Group VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.6469

Amount of Each Receipt this Period
 180.00
 monthly payroll deduction \$30.00

Full Name (Last, First, Middle Initial)
B. Eric J Bentley

Mailing Address 400 Robert Street N

City State Zip Code
St. Paul MN 55101

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

Name of Employer Occupation
Securian Financial Group Second VP - Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6471

Amount of Each Receipt this Period
 300.00
 monthly payroll deduction \$50.00

Full Name (Last, First, Middle Initial)
C. Peter Berlute

Mailing Address 400 Robert Street N

City State Zip Code
St. Paul MN 55101

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

Name of Employer Occupation
Securian Financial Group 2nd Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6472

Amount of Each Receipt this Period
 150.00
 monthly payroll deduction \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

Full Name (Last, First, Middle Initial)
A. Michael P Boyle

Mailing Address 400 Robert St N

City State Zip Code
St. Paul MN 55101

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

Name of Employer Occupation
Securian Financial Group AVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6473

Amount of Each Receipt this Period
120.00
monthly payroll deduction \$20.00

Full Name (Last, First, Middle Initial)
B. Gary Christensen

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation
Minnesota Life Insurance Co Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6475

Amount of Each Receipt this Period
900.00
monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)
C. Laurence G Cochrane

Mailing Address 400 Robert Street North

City State Zip Code
St. Paul MN 55101

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

Name of Employer Occupation
Securian Financial Group VP - Retail Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
996.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6476

Amount of Each Receipt this Period
498.00
monthly payroll deduction \$83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1518.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. George Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street North
City St Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Life Insurance Co Occupation Senior Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **725.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6477
Amount of Each Receipt this Period **600.00**
monthly payroll deduction \$100 (7/1/2015)

B. Lynda S Czarnetzki
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street N
City St. Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Securian Financial Group Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **480.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6478
Amount of Each Receipt this Period **240.00**
monthly payroll deduction \$40.00

C. Sue Ebertz
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street North
City St Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Life Insurance Co Occupation Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6479
Amount of Each Receipt this Period **450.00**
monthly payroll deduction \$75.00

SUBTOTAL of Receipts This Page (optional).....	1290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Robert Ehren
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City	State	Zip Code
St. Paul	MN	55101

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

Name of Employer	Occupation
Minnesota Life Insurance Co	Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.6480

Amount of Each Receipt this Period
900.00
 monthly payroll deduction \$150.00

B. Jeffrey A Fox
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City	State	Zip Code
St. Paul	MN	55101

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

Name of Employer	Occupation
Securian Financial Group	AVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.6481

Amount of Each Receipt this Period
180.00
 monthly payroll deduction \$15.00

C. Kristi L Fox
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City	State	Zip Code
St. Paul	MN	55101

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

Name of Employer	Occupation
Securian Financial Group	Second VP - Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.6482

Amount of Each Receipt this Period
180.00
 monthly payroll deduction \$30.00

SUBTOTAL of Receipts This Page (optional).....▶	1260.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Perry M Fox
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street N
City St. Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Securian Financial Group Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6483
Amount of Each Receipt this Period **180.00**
monthly payroll deduction \$30.00

B. Craig Frisvold
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street North
City St Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Life Insurance Co Occupation Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6484
Amount of Each Receipt this Period **600.00**
monthly payroll deduction \$100.00

C. Becky J Garthofner
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street N
City St. Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Securian Financial Group Occupation AVP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6485
Amount of Each Receipt this Period **300.00**
monthly payroll deduction \$50.00

SUBTOTAL of Receipts This Page (optional)..... **1080.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. William M Gould
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Robert Street North
 City St. Paul State MN Zip Code 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Securian Financial Group Occupation 2nd - Individual
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6486
 Amount of Each Receipt this Period 600.00
 monthly payroll deduction \$100.00

B. Greg Hammerly
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Robert Street North
 City St. Paul State MN Zip Code 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Life Insurance Co Occupation Second Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6487
 Amount of Each Receipt this Period 180.00
 monthly payroll deduction \$30.00

C. Christopher M Hilger
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Robert Street N
 City St. Paul State MN Zip Code 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Securian Financial Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 02 / 2015
Transaction ID : SA11AI.6511
 Amount of Each Receipt this Period 5000.00
 one-time contribution

SUBTOTAL of Receipts This Page (optional).....▶	5780.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

Full Name (Last, First, Middle Initial) A. Paul Hirschboeck		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6488
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 120.00 monthly payroll deduction \$20.00
City St Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Name of Employer Minnesota Life Insurance Co	Occupation Second Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Suzette L Huovinen		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6489
Mailing Address 400 Robert Street N		Amount of Each Receipt this Period 150.00 monthly payroll deduction \$25.00
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Name of Employer Securian Financial Group	Occupation AVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Daniel H Kruse		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6490
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 300.00 monthly payroll deduction \$50.00
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Name of Employer Securian Financial Group	Occupation VP - Retirement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	570.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Dave LePlavy
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street North
City St Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Life Insurance Company Occupation Second Vice President & Controller
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6491
Amount of Each Receipt this Period **750.00**
monthly payroll deduction \$150.00

B. Anthony J Martins
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street North
City St. Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Securian Financial Group Occupation VP - Wealth Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6492
Amount of Each Receipt this Period **600.00**
monthly payroll deduction \$100.00

C. Susan M Munson-Regala
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street N
City St. Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Securian Financial Group Occupation AVP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **540.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.6494
Amount of Each Receipt this Period **180.00**
monthly payroll deduction \$30.00

SUBTOTAL of Receipts This Page (optional)..... **1530.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Ted J Nistler
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group
Occupation: Second VP - Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.6495

Amount of Each Receipt this Period: **180.00**
monthly payroll deduction \$30.00

B. Keri S O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group
Occupation: Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.6496

Amount of Each Receipt this Period: **120.00**
monthly payroll deduction \$20.00

c. Maria H O'Phelan
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group
Occupation: Second VP - Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.6497

Amount of Each Receipt this Period: **150.00**
monthly payroll deduction \$25.00

SUBTOTAL of Receipts This Page (optional)..... **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Kathy Pinkett
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6500

Amount of Each Receipt this Period
900.00
monthly payroll deduction \$150.00

B. Mr. John Regal
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Securian, Inc Occupation Director, Risk Management/Local Govt A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6501

Amount of Each Receipt this Period
120.00
monthly payroll deduction \$20.00

C. Benjamin D Roth
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6502

Amount of Each Receipt this Period
180.00
monthly payroll deduction \$30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Paul Rudeen
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Second Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period
120.00

monthly payroll deduction \$20.00

B. David A Seidel
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.6504

Amount of Each Receipt this Period
450.00

monthly payroll deduction \$75.00

C. Bruce Shay
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.6505

Amount of Each Receipt this Period
1500.00

monthly payroll deduction \$250.00

SUBTOTAL of Receipts This Page (optional).....▶	2070.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Mark W Sievers
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Robert Street N
 City State Zip Code
 St. Paul MN 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Securian Financial Group Second VP - Audit
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6506
 Amount of Each Receipt this Period
 252.00
 monthly payroll deduction \$42.00

B. Mary Anne Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Robert Street North
 City State Zip Code
 St Paul MN 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Life Insurance Co Second Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6507
 Amount of Each Receipt this Period
 150.00
 monthly payroll deduction \$25.00

C. Stephen Thor
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Robert Street North
 City State Zip Code
 St. Paul MN 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Securian Financial Group 2nd Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6508
 Amount of Each Receipt this Period
 240.00
 monthly payroll deduction \$40.00

SUBTOTAL of Receipts This Page (optional).....▶	642.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

A. Warren Zaccaro
Full Name (Last, First, Middle Initial)
Mailing Address 400 Robert Street North
City St. Paul State MN Zip Code 55101
FEC ID number of contributing federal political committee. **C**
Name of Employer Minnesota Life Insurance Co Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : SA11AI.6510
Amount of Each Receipt this Period
1500.00
monthly payroll deduction \$250

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / 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) ▼
Aggregate Year-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).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	19520.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

Full Name (Last, First, Middle Initial) A. Boehner for Congress		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address		Transaction ID : SB23.6513
City	State OH	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 1000.00
Candidate Name Boehner for Congress	Disbursement For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. DUFFY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO BOX 538		Transaction ID : SB23.6512
City	State WI	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 2000.00
Candidate Name DUFFY FOR CONGRESS	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 07	

Full Name (Last, First, Middle Initial) C. FRIENDS OF ERIK PAULSEN		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE		Transaction ID : SB23.6518
City	State MN	
Purpose of Disbursement Contribution	Category/Type	Amount of Each Disbursement this Period 3500.00
Candidate Name FRIENDS OF ERIK PAULSEN	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 03	

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Securian, Inc PAC

Full Name (Last, First, Middle Initial) A. McCollum for Congress		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address PO Box 14131		Transaction ID : SB23.6514
City St. Paul	State MN	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 250.00
Candidate Name McCollum for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MN	District: 04	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 255 PLATO BLVD E		Transaction ID : SB23.6519
City ST PAUL	State MN	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 2500.00
Candidate Name Securian, Inc PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 255 PLATO BLVD E		Transaction ID : SB23.6520
City ST PAUL	State MN	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 1000.00
Candidate Name Securian, Inc PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	10250.00