



Tyler Hall <tyler@takeactionminnesota.onmicrosoft.com> on 10/15/2014 04:29:43 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 5

Thanks,

Tyler

Tyler Hall
Operations Manager
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FEC Form 5 - Quarterly 10.15.14 - MN Senate Franken.pdf

2014-10-15 10:29:43 AM

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Take Action Minnesota	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 705 Raymond Ave #100	
(c) City, State and ZIP Code St. Paul, MN 55114	3. FEC Identification Number C
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

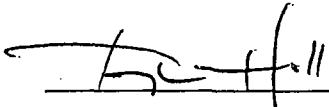
- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS **25,000.00**
7. TOTAL INDEPENDENT EXPENDITURES **9,088.32**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Tyler Hall		10/15/14

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full) Tyler Hall

A. Full Name (Last, First, Middle Initial) Win Minnesota

Mailing Address 1600 University Ave W suite 309C

City St. Paul State MN Zip Code 55104

Date of Receipt 09 / 17 / 2014

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 25,000.00

Name of Employer _____ Occupation _____

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt _____

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period _____

Name of Employer _____ Occupation _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt _____

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period _____

Name of Employer _____ Occupation _____

D. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt _____

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period _____

Name of Employer _____ Occupation _____

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶ 25,000.00

2014-11-11 11:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ciesielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>08' 22' 2014</u>	
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>313.08</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ciesielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>09' 05' 2014</u>	
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>562.57</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Corrales, Winona</u>		Date of Public Distribution/Dissemination <u>09' 05' 2014</u>	
Mailing Address <u>1710 Johnson St. NE 123 South 67th Ave W</u>		Amount <u>98.00</u>	
City <u>Minneapolis Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>973.61</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>973.61</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Larson, Hanna</u>		Date of Public Distribution/Dissemination <u>09 05</u> <u>10 03 2014</u>	
Mailing Address <u>2108 Clark Ct</u>		Amount <u>32.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Onyeador, Chibuikem</u>		Date of Public Distribution/Dissemination <u>09 05</u> <u>10 03 2014</u>	
Mailing Address <u>929 E 5th St.</u>		Amount <u>228.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Rutherford, Kara</u>		Date of Public Distribution/Dissemination <u>09 05</u> <u>10 03 2014</u>	
Mailing Address <u>408 Clark Ct</u>		Amount <u>32.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>294.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>1,267.61</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Smith, Debra</u>		Date of Public Distribution/Dissemination <u>09 05</u> <u>10 23 2014</u>	
Mailing Address <u>5 N 63rd Ave W</u>		Amount <u>32.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55807</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Soderlund, Courtney</u>		Date of Public Distribution/Dissemination <u>09 05</u> <u>10 23 2014</u>	
Mailing Address <u>2609 W 2nd St.</u>		Amount <u>98.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Williams, Jason</u>		Date of Public Distribution/Dissemination <u>09 05</u> <u>10 23 2014</u>	
Mailing Address <u>4746 Mutterhorn Cr</u>		Amount <u>653.3</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>196.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>1,463.61</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Bowen, Brad</u>		Date of Public Distribution/Dissemination <u>09</u> / <u>19</u> / <u>2014</u>	
Mailing Address <u>409 Farrell Rd</u>		Amount <u>98.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Crosielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>09</u> / <u>19</u> / <u>2014</u>	
Mailing Address <u>1710 Johnson St NE</u>		Amount <u>148.72</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Lewis, Jonah</u>		Date of Public Distribution/Dissemination <u>09</u> / <u>19</u> / <u>2014</u>	
Mailing Address		Amount <u>98.00</u>	
City	State	Zip Code	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>644.72</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>2,108.33</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ongedor, Chibuikem</u>		Date of Public Distribution/Dissemination <u>09 19 10 23 2014</u>
Mailing Address <u>909 E 5th St. Apt. #3</u>		Amount <u>196.00</u>
City <u>Duluth</u>	State <u>MN</u>	
Purpose of Expenditure <u>Salary + Benefits</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		State: <u>MN</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Rutherford, Karla</u>		Date of Public Distribution/Dissemination <u>09 19 10 23 2014</u>
Mailing Address <u>408 Clark Ct.</u>		Amount <u>199.00</u>
City <u>Duluth MN</u>	State <u>MN</u>	
Purpose of Expenditure <u>Salary + Benefits</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		State: <u>MN</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Schwinghammer, Jason</u>		Date of Public Distribution/Dissemination <u>09 19 10 23 2014</u>
Mailing Address <u>214 11th Ave N</u>		Amount <u>99.00</u>
City <u>Waite Park</u>	State <u>MN</u>	
Purpose of Expenditure <u>Salary + Benefits</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		State: <u>MN</u> District: _____
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>494.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>2,602.33</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Smith, Debra</u>		Date of Public Distribution/Dissemination <u>09 19</u> <u>10 03 2014</u>	
Mailing Address <u>5 N 63rd Ave W</u>		Amount <u>196.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55807</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Soderlund, Courtney</u>		Date of Public Distribution/Dissemination <u>09 19</u> <u>10 03 2014</u>	
Mailing Address <u>2609 W 2nd St.</u>		Amount <u>123.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Tolessa, Genechis</u>		Date of Public Distribution/Dissemination <u>09 19</u> <u>10 03 2014</u>	
Mailing Address <u>626 E 5th St</u>		Amount <u>133.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>453.33</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>3,055.66</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 OF 13
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ferguson, Gordon</u>		Date of Public Distribution/Dissemination <u>09 19 10 23 20 14</u>	
Mailing Address <u>896 Sherburne Ave</u>		Amount <u>788.11</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55104</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Abram, Aaron</u>		Date of Public Distribution/Dissemination <u>09 19 10 23 20 14</u>	
Mailing Address <u>1002 Emerson Ave N</u>		Amount <u>163.33</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55411</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Campbell, Trevor</u>		Date of Public Distribution/Dissemination <u>09 19 10 23 20 14</u>	
Mailing Address <u>3851 Thomas Ave N</u>		Amount <u>98.00</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55412</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>1,049.44</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>4,105.10</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Erickson, Alisa</u>		Date of Public Distribution/Dissemination <u>09 19 2014</u>	
Mailing Address <u>2137 Mount View Ave</u>		Amount <u>452.12</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55405</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Jiru, Ayana</u>		Date of Public Distribution/Dissemination <u>09 19 2014</u>	
Mailing Address <u>1306 Mississippi St. Apt #3</u>		Amount <u>353.33</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55130</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Manning, Michael</u>		Date of Public Distribution/Dissemination <u>09 19 2014</u>	
Mailing Address <u>1116 Ashland Ave Apt 3</u>		Amount <u>3267</u>	
City <u>Sanct Paul</u>	State <u>MN</u>	Zip Code <u>55109</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>838.12</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>4,943.52</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Morzenti, Jason</u>		Date of Public Distribution/Dissemination <u>09</u> / <u>19</u> / <u>2014</u>	
Mailing Address <u>894 Lafond Ave</u>		Amount <u>385.60</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55109</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ross, Laura</u>		Date of Public Distribution/Dissemination <u>09</u> / <u>19</u> / <u>2014</u>	
Mailing Address <u>2070 22nd Ave S #107</u>		Amount <u>410.27</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55404</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Kevin Ciesielczyk</u>		Date of Public Distribution/Dissemination <u>09</u> / <u>30</u> / <u>2014</u>	
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>554.44</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Employee Expenses</u> <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>1,350.31</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>6,293.83</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Tyler Hall

Full Name (Last, First, Middle Initial) of Payee

Seven Corners Printing

Date of Public Distribution/Dissemination

09 / 23 / 2014

Mailing Address

1099 Snelling Ave N

Amount

City

St. Paul

State

MN

Zip Code

55108

966.83

Purpose of Expenditure

Salary + Benefits

Category/
Type

Office Sought:

House

State: MN

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Al Franken

Calendar Year-To-Date Per Election
for Office Sought

0

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Take Action Minnesota

Date of Public Distribution/Dissemination

09 / 30 / 2014

Mailing Address

705 Raymond Ave #100

Amount

City

St. Paul

State

MN

Zip Code

55114

227.70

Purpose of Expenditure

Rent + phones
Salary + Benefits

Category/
Type

Office Sought:

House

State: MN

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Al Franken

Calendar Year-To-Date Per Election
for Office Sought

0

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Take Action Minnesota

Date of Public Distribution/Dissemination

09 / 30 / 2014

Mailing Address

705 Raymond Ave #100

Amount

City

St. Paul

State

MN

Zip Code

55114

48.36

Purpose of Expenditure

Rent + phones
Salary + Benefits

Category/
Type

Office Sought:

House

State: MN

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Al Franken

Calendar Year-To-Date Per Election
for Office Sought

0

Disbursement For:

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

1,242.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

7,536.72

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Tyler Hall

Full Name (Last, First, Middle Initial) of Payee

Impact Printing

Date of Public Distribution/Dissemination

08 / 19 / 2014

Amount

30.14

Mailing Address

1067 Roe St.

City

St. Paul

State

MN

Zip Code

55117

Purpose of Expenditure

Printing
Stationery + Business Cards

Category/
Type

Office Sought:

House

State: MN

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Al Franken

Calendar Year-To-Date Per Election
for Office Sought

0

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Enterprise Rental Car

Date of Public Distribution/Dissemination

09 / 05 / 2014

Amount

660.10

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Rental Car
Stationery + Business Cards

Category/
Type

Office Sought:

House

State: MN

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Al Franken

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Apple.com

Date of Public Distribution/Dissemination

08 / 11 / 2014

Amount

861.36

Mailing Address

City

State

Zip Code

Purpose of Expenditure

ipods for canvass
Stationery + Business Cards

Category/
Type

Office Sought:

House

State: MN

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Al Franken

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

1,551.60

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

9,088.32

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>10/15/2014</i>

Jh
 PREPARER
 (8/2013)

10/16/2014
 DATE PREPARED

NON-PROFIT