

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
Aaron Miller for Congress

ADDRESS (number and street) PO Box 493
Check if different than previously reported. (ACC) Rochester MN 55903

2. **FEC IDENTIFICATION NUMBER** C C00548693
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MN 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 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 / 01 / 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 Joe Droogsma

Signature of Treasurer Joe Droogsma [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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Aaron Miller for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	7550.50	32007.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7550.50	32007.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5380.05	28843.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5380.05	28843.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43164.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	40000.00	

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

Aaron Miller 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).....	3000.00	26110.00
(ii) Unitemized.....	1050.50	2397.50
(iii) TOTAL of contributions from individuals ▶	4050.50	28507.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	3500.00	3500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7550.50	32007.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	40000.00	120000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	40000.00	120000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	47550.50	152007.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5380.05	28843.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	40000.00	80000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	40000.00	80000.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45380.05	108843.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40994.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	47550.50
25. SUBTOTAL (add Line 23 and Line 24).....	88544.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45380.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43164.48

**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 14
	<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)
Aaron Miller for Congress

A. Full Name (Last, First, Middle Initial)
Tom Becken

Mailing Address 11860 21st N

City State Zip Code
Lake Elmo MN 55042

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

Name of Employer Occupation
Cemstone CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bernhard Brenner

Mailing Address 1763 Gilmore Ave

City State Zip Code
Winona MN 55987

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

Name of Employer Occupation
Knitcraft Corp CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thor Kolle

Mailing Address PO Box 147

City State Zip Code
Caledonia MN 55921

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Aaron Miller for Congress

A. Full Name (Last, First, Middle Initial)
Ellen Miller

Mailing Address PO Box 30099

City Winona State MN Zip Code 55987

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Hugh Miller

Mailing Address PO Box 30099

City Winona State MN Zip Code 55987

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

Name of Employer RTP Co. Occupation CEO & President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000.00

3000.00

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

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

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NAME OF COMMITTEE (In Full)
Aaron Miller for Congress

A. Full Name (Last, First, Middle Initial)
AARON MILLER

Mailing Address 1046 MAPLEBACK PL NE

City BYRON State MN Zip Code 55920

FEC ID number of contributing federal political committee. **C H4MN01161**

Name of Employer REVO Biologics Occupation Account Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
83500.00

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

Transaction ID : SA11D.4259

Amount of Each Receipt this Period
3500.00

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 / 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 / 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).....

3500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<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)
Aaron Miller for Congress

A. Full Name (Last, First, Middle Initial)
AARON MILLER

Mailing Address 1046 MAPLEBACK PL NE

City BYRON State MN Zip Code 55920

FEC ID number of contributing federal political committee. **C H4MN01161**

Name of Employer REVO Biologics Occupation Account Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
123500.00

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

Transaction ID : SA13A.4303

Amount of Each Receipt this Period
40000.00

Loan to Campaign

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).....

40000.00

40000.00

**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 9 OF 14			
	<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)
Aaron Miller for Congress

Full Name (Last, First, Middle Initial) Aaron Miller for Congress		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period \$ 1500.00 Transaction ID : SB17.4260
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type 001
Candidate Name Aaron Miller for Congress	Office Sought: <input checked="" 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: MN District: 01	

Full Name (Last, First, Middle Initial) Aaron Miller for Congress		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.4280
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type 001
Candidate Name Aaron Miller for Congress	Office Sought: <input checked="" 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: MN District: 01	

Full Name (Last, First, Middle Initial) Aaron Miller for Congress		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period \$ 1730.00 Transaction ID : SB17.4282
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type 001
Candidate Name Aaron Miller for Congress	Office Sought: <input checked="" 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: MN District: 01	

SUBTOTAL of Disbursements This Page (optional)	\$ 4230.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 14	
	<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)
Aaron Miller for Congress

Full Name (Last, First, Middle Initial) A. Aleisha Keech		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 76498 290th St.		Amount of Each Disbursement this Period 598.72 Transaction ID : SB17.4264
City Madelia State MN Zip Code 56062	Purpose of Disbursement Fundraiser Category/Type 003	
Candidate Name Aaron Miller for Congress	Office Sought: <input checked="" 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: MN District: 01		

Full Name (Last, First, Middle Initial) B. Aleisha Keech		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 76498 290th St.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4283
City Madelia State MN Zip Code 56062	Purpose of Disbursement Fundraiser Category/Type 003	
Candidate Name Aaron Miller for Congress	Office Sought: <input checked="" 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: MN District: 01		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	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).....	1098.72
TOTAL This Period (last page this line number only).....	5328.72

**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 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aaron Miller for Congress

Full Name (Last, First, Middle Initial) A. AARON MILLER		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1046 MAPLEBACK PL NE		Amount of Each Disbursement this Period 40000.00 Transaction ID : SB19A.4258
City BYRON State MN Zip Code 55920	Purpose of Disbursement Repay Loan 009 Category/Type	
Candidate Name Aaron Miller for Congress	Office Sought: <input checked="" 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: MN District: 01		

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 Zip Code	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 Zip Code	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).....	40000.00
TOTAL This Period (last page this line number only).....	40000.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Aaron Miller for Congress** Transaction ID : **SC/10.4242**

LOAN SOURCE Full Name (Last, First, Middle Initial) AARON MILLER	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1046 MAPLEBACK PL NE	

City	State	ZIP Code
BYRON	MN	55920

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	40000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2013	M / D / Y 2/1/2014	6.75 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
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) **Aaron Miller for Congress** Transaction ID : **SC/10.4303**

LOAN SOURCE Full Name (Last, First, Middle Initial) AARON MILLER	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1046 MAPLEBACK PL NE	

City	State	ZIP Code
BYRON	MN	55920

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M / D / Y 4/30/14	6.75 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	40000.00
TOTALS This Period (last page in this line only).....	40000.00

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

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Aaron Miller for Congress	Transaction ID : SC/10.4303.SC1	FEC IDENTIFICATION NUMBER C C00548693
---	---------------------------------	---

LENDING INSTITUTION (LENDER) Full Name Wells Fargo	Amount of Loan 40000.00	Interest Rate (APR) 6.75 %
---	----------------------------	-------------------------------

Mailing Address 5950 Rice Creek Parkway	Date Incurred or Established 03 / 31 / 2014	Date Due 4/30/14
City State Zip Code Shoewiew MN 55126	Back Ref SC/10.4303	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit,
Amount of this Draw: 40000.00 Total Outstanding Balance: 40000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: Line of Credit

What is the value of this collateral? 40000.00

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify:

What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
Address:
Date account established: City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Joe Droogsma Signature	DATE 04 / 15 / 2014
--	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name AARON MILLER Signature AARON MILLER	[Electronically Filed]	DATE 03 / 31 / 2014
Title Candidate		