

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC
15 FEB - 4 PM 2015
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
JULIANNE MN INC

ADDRESS (number and street) **PO BOX 173**
Check if different than previously reported. (ACC) **CHASKA MN 55318**

2. **FEC IDENTIFICATION NUMBER** **C C00548446**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MN 00

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 in the State of
(c) 30-Day **POST**-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / / Y Y Y in the State of

5. Covering Period M M D D Y Y Y through M M D D Y Y
10 01 2014 through 12 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 **Charles Erickson**

Signature of Treasurer **Charles Erickson** Date **01 31 2015**

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

15020090536

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name
JULIANNE MN INC

Report Covering the Period: From: ^M 10 ^D 01 ^Y 2014 To: ^M 12 ^D 31 ^Y 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)) ..	2065.73	1057524.13
(b) Total Contribution Refunds (from Line 20(d)) ..	7200.00	34860.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	-5134.27	1022664.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	9077.47	1030534.00
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	396.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	9077.47	1030137.88
8. Cash on Hand at Close of Reporting Period (from Line 27)...	523.00	
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) ..	50176.88	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

15020090537

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

JULIANNE MN INC

Report Covering the Period: From: M M / D D / Y Y 10 01 2014 To: M M / D D / Y Y 12 31 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <small>M M / D D / Y Y</small> 11 04 2014 (date of general election)	COLUMN C Total for <small>M M / D D / Y Y</small> 11 05 2014 (date after general election) through <small>M M / D D / Y Y</small> 12 31 2014 (last day of reporting period)
11. CONTRIBUTIONS		
(other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	400407.41	0.00
(ii) Unitemized		
2065.73	636016.72	1987.60
(iii) Total of contributions from individuals		
2065.73	1036424.13	1987.60
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	21100.00	0.00

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POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
2065.73	1057524.13	1987.60
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
8400.00	0.00	8400.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
8400.00	0.00	8400.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	396.12	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
6552.00	6072.91	479.09
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
17017.73	1063993.16	10866.69

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POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

JULIANNE MN INC

Report Covering the Period: From: ^{M M} 10 ^{D D} 01 ^{Y Y Y Y} 2014 To: ^{M M} 12 ^{D D} 31 ^{Y Y Y Y} 2014

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
9077.47	1030534.00	1742.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
7200.00	34860.00	7200.00
(b) Political Party Committees		
0.00	0.00	0.00

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POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
--------------------------------------	--	--

(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

7200.00	34860.00	7200.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

16277.47	1065394.00	8942.85
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

-5134.27	1022664.13	-5212.40
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

9077.47	1030137.88	1742.85
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	-217.26
24. TOTAL RECIEPTS THIS PERIOD (from Line 16)...	17017.73
25. SUBTOTAL (add Line 23 and Line 24)...	16800.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	16277.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	523.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 OF 18		
	(check only one)	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) JULIANNE ORTMAN		Date of Receipt M - M / D - D / Y - Y - Y - Y 12 31 2014
Mailing Address 8525 MISSION HILLS LANE		Transaction ID : SA13A.4159
City CHANHASSEN	State MN	
FEC ID number of contributing federal political committee. C S4MN00361		Amount of Each Receipt this Period 8400.00
Name of Employer	Occupation	Loan from Candidate
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date 8400.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M - M / D - D / Y - Y - Y - Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M - M / D - D / Y - Y - Y - Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	8400.00
TOTAL This Period (last page this line number only)	8400.00

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**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 18
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) Nova List		Date of Receipt M M / D D / Y Y . Y Y 10 01 2014
Mailing Address 20130 Lakeview Center Plaza Suite 300		Transaction ID : SA15.4280
City Ashburn	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2692.37
Name of Employer	Occupation	List Rental Income
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date 2692.37	

Full Name (Last, First, Middle Initial) Nova List		Date of Receipt M M / D D / Y Y . Y Y 10 03 2014
Mailing Address 20130 Lakeview Center Plaza Suite 300		Transaction ID : SA15.4276
City Ashburn	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3380.54
Name of Employer	Occupation	List Rental
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date 6072.91	

Full Name (Last, First, Middle Initial) Nova List		Date of Receipt M M / D D / Y Y . Y Y 12 31 2014
Mailing Address 20130 Lakeview Center Plaza Suite 300		Transaction ID : SA15.4162
City Ashburn	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 479.09
Name of Employer	Occupation	List Sale Proceeds
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date 479.09	

SUBTOTAL of Receipts This Page (optional)	6552.00
TOTAL This Period (last page this line number only)	6552.00

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**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 18	
	<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)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement M M D D Y Y 11 30 2014	
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 600.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.4133
Purpose of Disbursement Campaign Software		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Community Bank Corp		Date of Disbursement M M D D Y Y 10 02 2014	
Mailing Address PO Box 1177		Amount of Each Disbursement this Period 12.31	
City Chanhassen	State MN	Zip Code 55317	Transaction ID : SB17.4144
Purpose of Disbursement Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Community Bank Corp		Date of Disbursement M M D D Y Y 11 05 2014	
Mailing Address PO Box 1177		Amount of Each Disbursement this Period 20.56	
City Chanhassen	State MN	Zip Code 55317	Transaction ID : SB17.4150
Purpose of Disbursement Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	632.87
TOTAL This Period (last page this line number only).....	

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**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)

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

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NAME OF COMMITTEE (In Full)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) A. Community Bank Corp		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 1177		Amount of Each Disbursement this Period 15.94 Transaction ID : SB17.4154
City Chanhassen	State MN	
Zip Code 55317	Purpose of Disbursement Bank Charges	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 160.35 Transaction ID : SB17.4146
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Google		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 192.39 Transaction ID : SB17.4151
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional) 368.68

TOTAL This Period (last page this line number only)

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**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 18			
	<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)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) A. Google			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2014		
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 184.96 Transaction ID : SB17.4157		
City Mountain View	State CA	Zip Code 94043			
Purpose of Disbursement Advertising		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			

Full Name (Last, First, Middle Initial) B. Nova List			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014		
Mailing Address 20130 Lakeview Center Plaza Suite 300			Amount of Each Disbursement this Period 2263.00 Transaction ID : SB17.4281		
City Ashburn	State VA	Zip Code 20147			
Purpose of Disbursement List Services		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			

Full Name (Last, First, Middle Initial) c. Leah Peterson			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014		
Mailing Address 4220 Valley View Road			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4135		
City Minneapolis	State MN	Zip Code 55424			
Purpose of Disbursement Cosmetic Services		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2947.96
TOTAL This Period (last page this line number only).....	

15020090546

**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)

<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)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) A. Leah Peterson		Date of Disbursement M - M / D D Y Y Y Y 12 10 2014
Mailing Address 4220 Valley View Road		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.4136
City Minneapolis	State MN	
Zip Code 55424		Category/ Type
Purpose of Disbursement Cosmetic Services		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. Sunrise Data Services		Date of Disbursement M - M / D D Y Y Y Y 10 09 2014
Mailing Address 20130 Lakeview Center Plaza Suite 300		Amount of Each Disbursement this Period 4859.43 Transaction ID : SB17.4277
City Ashburn	State VA	
Zip Code 20147		Category/ Type
Purpose of Disbursement Direct Mail Printing		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M - M / D D Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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).....	4939.43
TOTAL This Period (last page this line number only).....	8888.94

15020090547

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JULIANNE MN INC

Full Name (Last, First, Middle Initial) A. Christine Billion		Date of Disbursement M M / D D Y Y Y Y 12 31 2014	
Mailing Address		Amount of Each Disbursement this Period 2600.00	
City State Zip Code		Transaction ID : SB20A.4138	
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. David Billion		Date of Disbursement M M / D D Y Y Y Y 12 31 2014	
Mailing Address		Amount of Each Disbursement this Period 2600.00	
City State Zip Code		Transaction ID : SB20A.4140	
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. John Brehmer		Date of Disbursement M M / D D Y Y Y Y 12 31 2014	
Mailing Address		Amount of Each Disbursement this Period 2000.00	
City State Zip Code		Transaction ID : SB20A.4142	
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	7200.00

15020090548

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **JULIANNE MN INC** Transaction ID : **SC/10.4159**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JULIANNE ORTMAN** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼ Debt Retirement

Mailing Address
 8525 MISSION HILLS LANE

City State ZIP Code
 CHANHASSEN MN 55317

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8400.00	0.00	8400.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y Y^Y M^M / D^D / Y^Y Y^Y Y^Y 4.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	▶	8400.00
TOTALS This Period (last page in this line only) ..	▶	8400.00

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

15020090549

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
JULIANNE MN INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle	Nature of Debt (Purpose): Campaign Software
Mailing Address 205 Pennsylvania Ave SE	
City State Zip Code Washington DC 20003	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4286	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1800.00	0.00	1800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Century Promotional Advertising LLC	Nature of Debt (Purpose): Promotional Prints
Mailing Address 2727 26th Ave S Suite 140	
City State Zip Code Minneapolis MN 55406	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4120	
4483.41		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4483.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dorothy Fleming	Nature of Debt (Purpose): Expense Reimbursement
Mailing Address 3101 Wendhurst Ave	
City State Zip Code St Anthony MN 55418	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4116	
3120.53		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3120.53

1) SUBTOTALS This Period This Page (optional) ..	9403.94
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

15020090550

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

JULIANNE MN INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Johnson Group	Nature of Debt (Purpose): Management Consulting
Mailing Address 15 S 16th Ave	
City State Zip Code Saint Cloud MN 56301	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4166	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
714.01	0.00	714.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kabrick Compliance Services LLC	Nature of Debt (Purpose): Accounting and Compliance
Mailing Address 7225 Guider Dr Apt 225	
City State Zip Code Woodbury MN 55125	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4272	
500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor P2B Strategies	Nature of Debt (Purpose): Promotional Printing Services
Mailing Address 4750 E 53rd st	
City State Zip Code Minneapolis MN 55417	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4131	
15836.32		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	15836.32

1) SUBTOTALS This Period This Page (optional) ..	17050.33
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020090551

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JULIANNE MN INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leah Peterson	Nature of Debt (Purpose): Cosmetic Services
Mailing Address 4220 Valley View Road	
City State Zip Code Minneapolis MN 55424	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4128	
500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	500.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ryan Auto Mall	Nature of Debt (Purpose): Vehicle Payment
Mailing Address 1000 Minnesota 55	
City State Zip Code Buffalo MN 55313	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4164	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2189.58	0.00	2189.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise Data Services	Nature of Debt (Purpose): Direct Mail Printing
Mailing Address 20130 Lakeview Center Plaza Suite 300	
City State Zip Code Ashburn VA 20147	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4124	
7459.68		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	4859.43	2600.25

1) SUBTOTALS This Period This Page (optional) ..	4789.83
2) TOTALS This Period (last page this line number only) ..	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

15020090552

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JULIANNE MN INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Creative Communications INC	Nature of Debt (Purpose): Promotional Mailing
Mailing Address 106 S Columbia St	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4118	
10532.78		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	10532.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ..	10532.78
2) TOTALS This Period (last page this line number only) ...	41776.88
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	8400.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	50176.88

15020090553

15020090554

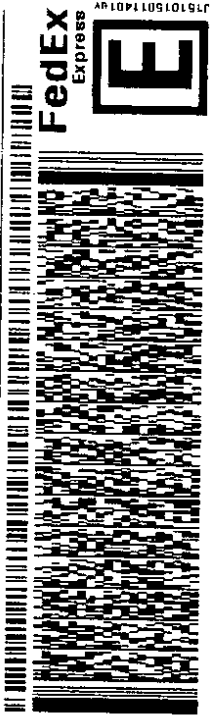
ORIGIN ID:FBLA (612) 388-8523
J. ORTRAN
JULIANNE MN INC.
PO BOX 535
CHAMASSEN, MN 55317
UNITED STATES US

SHIP DATE: 31JAN15
ACTWGT: 3.2 LB
CAD: 8990941/55F01521
DIMS: 14x11x1 IN
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OFFICE OF PUBLIC REWARDS
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WASHINGTON DC 20510

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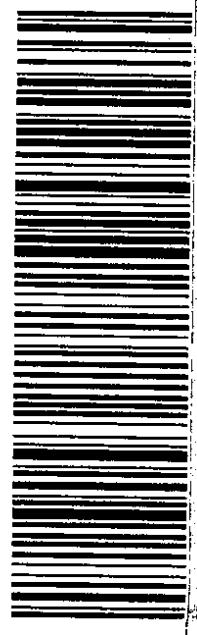
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USPS EXPRESS MAIL _____
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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

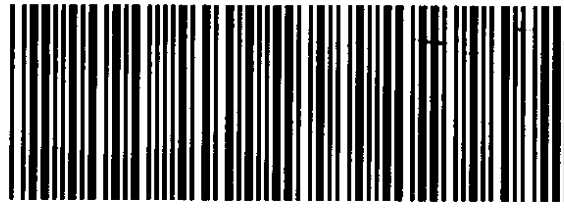
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Date of Receipt

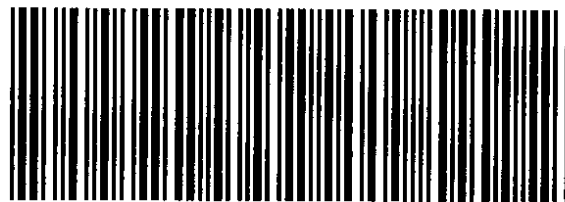
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