

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

15 FEB -4 AM 11:30

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 CHASKA MN 55318 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00548446 3. IS THIS REPORT NEW (N) OR AMENDED (A) MN 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 in the State of

5. Covering Period M M D D Y Y through M M D D Y Y 07 24 2014 09 30 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.

15020090571

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 17

Write or Type Committee Name

**JULIANNE MN INC**

Report Covering the Period: From: M M 07 D D 24 Y Y Y Y 2014

To: M M 09 D D 30 Y Y Y 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)) ..	8502.50	1057446.00
(b) Total Contribution Refunds (from Line 20(d)) ..	23125.00	34860.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	-14622.50	1022586.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2867.33	1023199.38
(b) Total Offsets to Operating Expenditures (from Line 14)...	59.30	396.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	2808.03	1022803.26
8. Cash on Hand at Close of Reporting Period (from Line 27)...	-217.26	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	42432.72	

**For further information contact:**

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

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

15020090572

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

PAGE 3 / 17

Write or Type Committee Name

**JULIANNE MN INC**

Report Covering the Period: From: M M / D D / Y Y Y 07 24 2014 To: M M / D D / Y Y Y 09 30 2014

**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)...	1325.00	405648.33
(ii) Unitemized .....	7177.50	630697.67
(iii) TOTAL of contributions from individuals	8502.50	1036346.00

(b) Political Party Committees...

(c) Other Political Committees (such as PACs) ..	0.00	21100.00
--	------	----------

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8502.50	1057446.00
--	---------	------------

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

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

13. LOANS:

(a) Made or Guaranteed by the Candidate...

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

(b) All Other Loans...

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

(c) TOTAL LOANS

(add Lines 13(a) and (b))...	0.00	0.00
------------------------------	------	------

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..	59.30	396.12
-----------------------------	-------	--------

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)...	8561.80	1057842.12
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15020090573

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2867.33	1023199.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	23125.00	34860.00
(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))...	23125.00	34860.00
21. OTHER DISBURSEMENTS ..	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	25992.33	1058059.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	17213.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	8561.80
25. SUBTOTAL (add Line 23 and Line 24)...	25775.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	25992.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	-217.26

15020090574

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

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

FOR LINE NUMBER:		PAGE 5 OF 17	
(check only one)			
<input checked="" 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 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)  
**JULIANNE.MN**

Full Name (Last, First, Middle Initial) <b>Earl Ziegler</b>		Date of Receipt M M / D D / Y Y . Y Y 09 / 30 / 2014	
Mailing Address PO Box 25402		Transaction ID : A-CF21514	
City Dallas	State TX	Zip Code 75225-1402	Amount of Each Receipt this Period 300
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date	300	

Full Name (Last, First, Middle Initial) <b>Kevin Baines</b>		Date of Receipt M M / D D / Y Y . Y Y 08 / 27 / 2014	
Mailing Address 457 S Marengo Avenue		Transaction ID : A-CF21445	
City Pasadena	State CA	Zip Code 91101-3932	Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer JPL/CalTech	Occupation Research Scientist		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date	675	

Full Name (Last, First, Middle Initial) <b>J Malm</b>		Date of Receipt M M / D D / Y Y . Y Y 08 / 01 / 2014	
Mailing Address 6435 Sunset Drive		Transaction ID : A-CF21403	
City Verona	State WI	Zip Code 53593-9390	Amount of Each Receipt this Period 200
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gunnar Malm & Assoc. Inc.	Occupation Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement	Election Cycle-to-Date	400	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020090575

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

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

FOR LINE NUMBER:		PAGE 6 OF 17	
(check only one)			
<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**JULIANNE.MN**

Full Name (Last, First, Middle Initial) <b>Kerry Walsh</b>			Date of Receipt M M D D Y Y Y Y 09 10 2014	
Mailing Address <b>2614 Winston Court</b>			Transaction ID : <b>A-CF21440</b>	
City Pearland	State TX	Zip Code 77584-9132	Amount of Each Receipt this Period , , . 25	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . 25	
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period , , . 25	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement		Election Cycle-to-Date , , . 325		
Full Name (Last, First, Middle Initial) <b>Gordon Kastner</b>			Date of Receipt M M D D Y Y Y Y 07 25 2014	
Mailing Address <b>4463 Northwood Hills Drive</b>			Transaction ID : <b>A-CF21429</b>	
City Memphis	State TN	Zip Code 38128-1519	Amount of Each Receipt this Period , , . 100	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . 100	
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period , , . 100	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement		Election Cycle-to-Date , , . 245		
Full Name (Last, First, Middle Initial) <b>Robert Martin</b>			Date of Receipt M M D D Y Y Y Y 09 30 2014	
Mailing Address <b>9 Diamond Drive</b>			Transaction ID : <b>A-CF21490</b>	
City Key West	State FL	Zip Code 33040-5633	Amount of Each Receipt this Period , , . 600	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . 600	
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period , , . 600	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement		Election Cycle-to-Date , , . 600		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , . 725.00	
<b>TOTAL</b> This Period (last page this line number only).....			, , . 1325.00	

15020090578

**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 7 OF 17

<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**

Full Name (Last, First, Middle Initial) <b>A. Washington Intelligence Bureau</b>		Date of Disbursement M M / D D / Y - Y - Y Y 08 07 2014	
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period  1700 <b>Transaction ID : B-E-21376</b>	
City Chantilly	State VA		Zip Code 20151-1501
Purpose of Disbursement Caging Services	001 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>B. HSP Digital</b>		Date of Disbursement M M / D D / Y - Y - Y Y 08 14 2014	
Mailing Address 13755 Sunrise Valley Drive		Amount of Each Disbursement this Period  9.75 <b>Transaction ID : B-E-19928</b>	
City Herndon	State VA		Zip Code 20171-4664
Purpose of Disbursement Online Services	001 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>c. Nova List</b>		Date of Disbursement M M / D D / Y - Y - Y Y 07 24 2014	
Mailing Address 20130 Lakeview Center Plaza Suite 300		Amount of Each Disbursement this Period  139.08 <b>Transaction ID : B-E-21373</b>	
City Ashburn	State VA		Zip Code 20147-5905
Purpose of Disbursement List Rental	001 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).....

1848.83

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

15020090577

**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**

Full Name (Last, First, Middle Initial)

**A. Sunrise Data Services**

Date of Disbursement

M M / D D / Y Y Y Y  
07 24 2014

Mailing Address 20130 Lakeview Center Plaza  
Suite 300

Amount of Each Disbursement this Period

694.96

City Ashburn State VA Zip Code 20147-5905

Purpose of Disbursement  
Direct Mail Printing

001

Transaction ID : B-E-21377

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

**B. HSP Digital**

Date of Disbursement

M M / D D / Y Y Y Y  
08 14 2014

Mailing Address 13755 Sunrise Valley Drive

Amount of Each Disbursement this Period

37.5

City Herndon State VA Zip Code 20171-4664

Purpose of Disbursement  
Online Services

001

Transaction ID : B-E-19934

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

**c. First Virginia Community Bank**

Date of Disbursement

M M / D D / Y Y Y Y  
08 31 2014

Mailing Address 11325 Random Hills Road  
Suite 240

Amount of Each Disbursement this Period

26.06

City Fairfax State VA Zip Code 22030-6068

Purpose of Disbursement  
Bank Charges

001

Transaction ID : B-E-21379

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

758.52

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

15020090578

**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)

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17  
20a       18  
20b       19a  
20c       19b  
21

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NAME OF COMMITTEE (In Full)  
**JULIANNE.MN**

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Date of Disbursement

M M D D Y Y Y Y  
08 31 2014

Mailing Address 10705 Red Run Blvd

Amount of Each Disbursement this Period

City State Zip Code  
Rockville MD 20855-2745 MD 20855

137.32

Purpose of Disbursement  
Bank Charges

001

Transaction ID : B-E-21378

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. FedEx Office**

Date of Disbursement

M M D D Y Y Y Y  
07 28 2014

Mailing Address 880 W 78th Street

Amount of Each Disbursement this Period

City State Zip Code  
Chanhassen MN 55317-4704

2.34

Purpose of Disbursement  
Postage

001

Transaction ID : B-E-21225

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. HSP Digital**

Date of Disbursement

M M D D Y Y Y Y  
08 14 2014

Mailing Address 13755 Sunrise Valley Drive

Amount of Each Disbursement this Period

City State Zip Code  
Herndon VA 20171-4664

47.25

Purpose of Disbursement  
Online Services

001

Transaction ID : B-E-21375

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

186.91

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

15020090579

**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 17

<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**

<b>A. Transact</b> Full Name (Last, First, Middle Initial) Mailing Address 190 Monroe Avenue NW Suite 500 City Grand Rapids State MI Zip Code 49503-2628 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Debt 2014 Category/Type 001		Date of Disbursement M M / D D / Y Y Y Y 09 30 2014 Amount of Each Disbursement this Period \$ 23.07 Transaction ID : B-E-21380
<b>B.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M Amount of Each Disbursement this Period
<b>C.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D / Y Y Y Y Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... 23.07  
**TOTAL** This Period (last page this line number only)..... 2817.33

15020090580

**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 17

17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21

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NAME OF COMMITTEE (In Full)

**JULIANNE.MN**

Full Name (Last, First, Middle Initial)

**A. Ellen Ryan**

Date of Disbursement

M M / D D / Y Y Y Y  
09 30 2014

Mailing Address 320 Ridge Circle

Amount of Each Disbursement this Period

City State Zip Code  
Wayzata MN 55391-9576

2600

Purpose of Disbursement  
Refund of General Contribution

010

Transaction ID : B-E-21458

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Patrick Kirsch**

Date of Disbursement

M M / D D / Y Y Y Y  
09 30 2014

Mailing Address 8080 Scandia Road

Amount of Each Disbursement this Period

City State Zip Code  
Waconia MN 55387-9628

250

Purpose of Disbursement  
Refund of General Contribution

010

Transaction ID : B-E-21466

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Kevin Baines**

Date of Disbursement

M M / D D / Y Y Y Y  
09 30 2014

Mailing Address Pr 2275 Huntington Dr. #219

Amount of Each Disbursement this Period

City State Zip Code  
San Marino CA 91108

2275

Purpose of Disbursement  
Refund of General Contribution

010

Transaction ID : B-E-21464

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

5125.00

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

15020090581



**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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. Guy Flickinger</b>		Date of Disbursement M M D D Y Y Y Y 09 30 2014	
Mailing Address 11521 23rd Avenue S		Amount of Each Disbursement this Period  2600 <b>Transaction ID : B-E-21461</b>	
City Burnsville	State MN		Zip Code 55337-1257
Purpose of Disbursement Refund of General Contribution			010 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>B. Christian Bame</b>		Date of Disbursement M M D D Y Y Y Y 09 30 2014	
Mailing Address 9899 Aetna Avenue NE		Amount of Each Disbursement this Period  2500 <b>Transaction ID : B-E-21455</b>	
City Monticello	State MN		Zip Code 55362-3250
Purpose of Disbursement Refund of General Contribution			010 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>c. Patrick McKinney</b>		Date of Disbursement M M D D Y Y Y Y 09 30 2014	
Mailing Address 4110 Lakeridge Road		Amount of Each Disbursement this Period  2600 <b>Transaction ID : B-E-21467</b>	
City Excelsior	State MN		Zip Code 55331-9691
Purpose of Disbursement Refund of General Contribution			010 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) ..... 7700.00

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

15020090583

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**JULIANNE.MN**

Full Name (Last, First, Middle Initial) <b>A. Gabriel Jabbour</b>			Date of Disbursement M M / D D / Y Y Y Y 09 30 2014		
Mailing Address 220 Tonka Bay Road			Amount of Each Disbursement this Period , , , , , 1000 <b>Transaction ID : B-E-21459</b>		
City Excelsior	State MN	Zip Code 55331-9409			
Purpose of Disbursement Refund of General Contribution		Category/ Type 010			
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>B. Jane Barry</b>			Date of Disbursement M M / D D / Y Y Y Y 09 30 2014		
Mailing Address 2960 Gale Road			Amount of Each Disbursement this Period , , , , , 1000 <b>Transaction ID : B-E-21462</b>		
City Wayzata	State MN	Zip Code 55391-2626			
Purpose of Disbursement Refund of General Contribution		Category/ Type 010			
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>c. Lowell Hellervik</b>			Date of Disbursement M M / D D / Y Y Y Y 09 30 2014		
Mailing Address 59 4th Street W Apt. 2500			Amount of Each Disbursement this Period , , , , , 2600 <b>Transaction ID : B-E-21465</b>		
City Saint Paul	State MN	Zip Code 55102-3657			
Purpose of Disbursement Refund of General Contribution		Category/ Type 010			
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)..... 4600.00

**TOTAL** This Period (last page this line number only)..... 23125.00

15020090584

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**JULIANNE.MN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dorothy Fleming</b>	Nature of Debt (Purpose): Expense Reimbursement
Mailing Address 3101 Wendhurst Avenue	
City State Zip Code St Anthony MN 55418-1725	

Outstanding Balance Beginning This Period 3120.53	Transaction ID : SD10-DEBT20998
Amount Incurred This Period 0	Outstanding Balance at Close of This Period 3120.53
Payment This Period 0	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Targeted Creative Communications, INC</b>	Nature of Debt (Purpose): Promotional Mailing
Mailing Address 106 S Columbus Street	
City State Zip Code Alexandria VA 22314-3036	

Outstanding Balance Beginning This Period 10532.78	Transaction ID : SD10-DEBT20673
Amount Incurred This Period 0	Outstanding Balance at Close of This Period 10532.78
Payment This Period 0	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Century Promotional Advertising LLC</b>	Nature of Debt (Purpose): Promotional Prints
Mailing Address 2727 26th Avenue S Suite 140	
City State Zip Code Minneapolis MN 55406-1576	

Outstanding Balance Beginning This Period 4483.41	Transaction ID : SD10-DEBT20689
Amount Incurred This Period 0	Outstanding Balance at Close of This Period 4483.41
Payment This Period 0	

1) SUBTOTALS This Period This Page (optional) ..	18136.72
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) ▶	

15020090585

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	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 <b>HSP Digital</b>	Nature of Debt (Purpose): Online Services
Mailing Address 13755 Sunrise Valley Dr	
City State Zip Code Herndon VA 20171	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4150
47.25	
Amount Incurred This Period	Outstanding Balance at Close of This Period
0.00	0.00
Payment This Period	
47.25	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kabrick Compliance Services, LLC</b>	Nature of Debt (Purpose): Accounting and Compliance
Mailing Address 7225 Guider Dr Apt 205	
City State Zip Code Woodbury MN 55125	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4160
0.00	
Amount Incurred This Period	Outstanding Balance at Close of This Period
500.00	500.00
Payment This Period	
0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>P2B Strategies</b>	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 : SD10.4162
15836.32	
Amount Incurred This Period	Outstanding Balance at Close of This Period
0.00	15836.32
Payment This Period	
0.00	

1) SUBTOTALS This Period This Page (optional) ...	16336.32
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) ...	

15020090586

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**JULIANNE MN INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Leah Peterson</b>			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 : SD10.4163	
500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sunrise Data Services</b>			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 : SD10.4152	
8154.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	694.96	7459.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>			Nature of Debt (Purpose): Caging Services
Mailing Address 4128 Pepsi Place			
City	State	Zip Code	
Chantilly	VA	20151	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4124	
1700.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1700.00	0.00

1) SUBTOTALS This Period This Page (optional) ..	7959.68
2) TOTALS This Period (last page this line number only) ...	42432.72
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	42432.72

15020090587

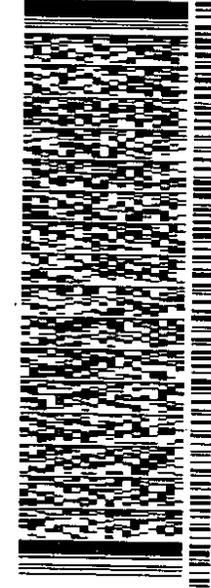
ORIGIN ID: FBLA (612) 388-8523  
J ORTHMAN  
JULIANNE MN INC.  
PO BOX 535  
CHANNASSEN, MN 55317  
UNITED STATES US

SHIP DATE: 31 JAN 15  
ACTUATE: 2 JUN 2015  
CADD: 6990941255F01521  
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WASHINGTON DC 20510

(655) 666-6666  
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PO: DEPT:

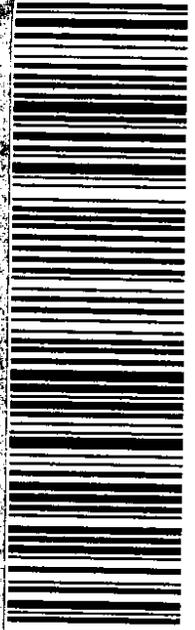


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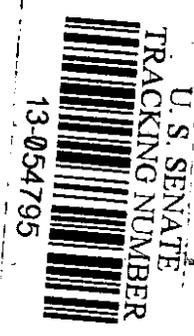
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USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	<b>1-31-15</b>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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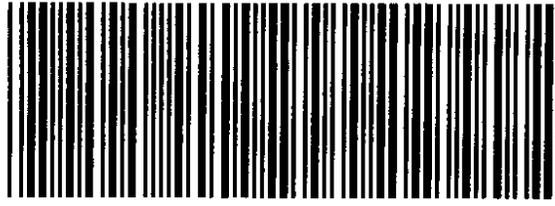
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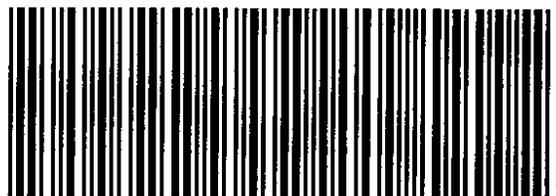
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