## FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

.

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation	]
CHAIS VAVESMAN	•
(b) Address (number and street)	
10660 PRATRIE LN	
(c) Cliy. State and ZIP Corte	3. FEC Identification Number
HANOVEN MN 55341 2. Occupation and Name of Employer (for Individual Filers Only)	
2. Occupation and Name of Employer (for Individual Filers Only)	C
V.P. K MANGAGINEUL INC.	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	
July 15 Quarterly Report 24 Hour Report	
Oclober 15 Querterly Report	
January 31 Year End Report	
b) Is this Apport an amendment? No Yas, It amends the report filed on	ра <b>в ух</b> ех.
S. COVERING PERIOD: FROM 09 01 2014	
THROUGH 10 15 2014	
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	2,00000
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, of, any candidate or authorized committee or agent of ettner, or any pollitical perty committee or its agent.	or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
CHALS KAUFFMAN CLARA	- 10/1/14
NOTE: Submission of laise, errondous or incomplete information may subject the person signing this report to	
For human information, contact: Federal Floriton Commission, 200 F Street, N.W. Washington, D.C. 20463, Toll Free 800-4	24.9530 1 0001 202.694.1100

Non, contact: Federal Election Commission, 898 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-854-1100

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FEC Schedule 6 (REV. 09/2013)

## Oct. 3. 2014 8:59AM

No. 5460 P. 2

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CHEDULE 5-A	, ,	
EMIZED RECEIPTS		PAGE OF
ly information copled from such Reports for commercial purposes, other than usir	and Statements may not be sold or used t ng the name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF FILER (In Full)		
Full Name (Last, First, Middle Initial)		
		Date of Receipt
Mailing Address		
Cily	Siale Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing lederal political committee.	C	
Name of Employer	(	Occupation
Full Name (Lasi, First, Middle Inilial)	,	Date of Receipt
Mailing Address		
	75 Code	
Cily	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	(	Decupation
Full Name (Last, First, Middle Initial)		Date of Receipt
Maliling Address		
	Stale Zip Code	
Cily	State Zip Code	Amount of Each Receipt this Perind
FEC ID number of contributing federal political committee.	С	
Name of Employer		Occupation
Full Name (Last, First, Middle Initial)		Date of Receipt
Maliing Address		
Cily	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing lederal political committee.	С	
Name of Employer		Occupation
SUBTOTAL of Receipts This Page (option	ai)	
TOTAL This Period (last page carry lotal l		· · · · · · · · · · · · · · · · ·
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CHEDULE 5-E		PAGE OF
EMIZED INDEPENDENT EXPENDITURES		FOR LINE 7 OF FORM 5
JAME OF FILER (IN FUI)	· ·· ·	
A 11		
CHRISTOPHER MANNE KANT	FMA	
Full Name (Lasi, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
KANFEMAN CHUITOPHEN M		09 29 2014
Mailing Address	······	- 01 27 2017
KANFFAD CHMISTOPHER M. Mailing Address 10660 PREATE LN		Amount
City State	Zip Code	200000
HANOVER MN	55341	, 2,000,03
Purpose of Expenditure	Calegory/	Office Sought: House State: Ma
BENBUARS	Туре	Senale District: 10 +4
Name of Federal Candidate Supported or Opposed by Exp	enditure:	President
AL FRANKEN		Check One: Support Oppose
	· · · ·	Disbursement For:   Primary : General
Calendar Year-To-Dale Per Election for Office Sought	200000	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
		(0, -1) = (0, -1) = (0, -1) = (V - V - V - V)
Mailing Address		
		Amounl
Cily Slale	Zip Code	
		· · ·
Purpase of Expenditure	Category/	Office Soughi: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Exp	endilure:	President
:		Check One: Support Oppose
		Disbursement For: Primary ! General
Calendar Year-To Date Per Election for Office Sought		Other (specify)
Full Name (Lasi, Firsi, Middle Initial) of Payae		Date of Public Distribution/Dissemination
Mailing Address		
		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Exp	enditure:	President
		Check One: Support Oppose
Calendar Year-To-Dale Per Election		Disbursement For: Primary General
for Office Sought	. ·	Other (specify)
(a) SUBTOTAL of liemized independent Expenditures		200000
(b) SUBTOTAL of Uniternized Independent Expenditures		
		· · · ·
(c) TOTAL Independent Expenditures		200000
(carry total from last page forward to Line 7)		2,000

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FEC Schedule 5 (REV. 09/2010)

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
Hand Delivered	Date of Receipt		
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USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Date of Receipt or Postmarked			
The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.			
N/A PREPARER (8/2013)	N/A DATE PREPARED		