

# 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

Brad Ashford for Congress

ADDRESS (number and street)

PO Box 24023

Check if different than previously reported. (ACC)

Omaha

NE

68124

2. FEC IDENTIFICATION NUMBER ▼

C C00557181

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NE

02

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  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Jim Olson

Signature of Treasurer Jim Olson

[Electronically Filed]

Date

/  /

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

|                 |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Brad Ashford for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

|                                                                                                                 | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                         |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                             | 69619.58                | 81751.36                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                       | 1006.67                 | 1006.67                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 68612.91                | 80744.69                           |
| 7. Net Operating Expenditures                                                                                   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                        | 75538.94                | 103397.64                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                              | 78.79                   | 78.79                              |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 75460.15                | 103318.85                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                             | 15489.79                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**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

**Brad Ashford for Congress**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. RECEIPTS</b>                                                                                         | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                                          |                                       |                                            |
| (a) Individuals/Persons Other Than Political Committees                                                    |                                       |                                            |
| (i) Itemized (use Schedule A).....                                                                         | 6200.00                               | 13400.00                                   |
| (ii) Unitemized.....                                                                                       | 419.58                                | 851.36                                     |
| (iii) TOTAL of contributions from individuals ▶                                                            | 6619.58                               | 14251.36                                   |
| (b) Political Party Committees.....                                                                        | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....                                                         | 63000.00                              | 67500.00                                   |
| (d) The Candidate.....                                                                                     | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 69619.58                              | 81751.36                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>                                                | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>                                                                                          |                                       |                                            |
| (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                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 78.79                                 | 78.79                                      |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>                                                 | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 69698.37                              | 81830.15                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 75538.94                      | 103397.64                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 15000.00                      | 15000.00                           |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 15000.00                      | 15000.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 6.67                          | 6.67                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 1000.00                       | 1000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1006.67                       | 1006.67                            |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 91545.61                      | 119404.31                          |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 37337.03  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 69698.37  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 107035.40 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 91545.61  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 15489.79  |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Amended in response to Request for Additional Information sent on 2/25/15

Form/Schedule:  
Transaction ID:

**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 32 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Brad Ashford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harry Hoch Jr.**

Mailing Address **PO Box 1646**

City **Grand Island** State **NE** Zip Code **68802-1646**

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

Name of Employer **H & H Distributing** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 25 / 2014**

**Transaction ID : VNJ61DH0RP1**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Schmid**

Mailing Address **120 S 31st Ave  
Apt 5806**

City **Omaha** State **NE** Zip Code **68131-1488**

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

Name of Employer **Mutual of Omaha** Occupation **Chairman & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 26 / 2014**

**Transaction ID : VNJ61DH0SQ1**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Abigail S. Gillick**

Mailing Address **9220 Tuscan Ct**

City **Lincoln** State **NE** Zip Code **68520-1455**

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

Name of Employer **Quality Brands of Omaha** Occupation **Brands Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 25 / 2014**

**Transaction ID : VNJ61DH0QA5**

Amount of Each Receipt this Period  
**2600.00**

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

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

**6200.00**

**6200.00**

**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 32                                   |                                    |
|                                                                         | <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TRANSCANADA USA SERVICES, INC. PAC**

Mailing Address 717 Texas St

City Houston State TX Zip Code 77002-2761

FEC ID number of contributing federal political committee. **C** C00525055

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 29 / 2014

**Transaction ID : VNJ61DHRND0**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC**

Mailing Address 7261 Mercy Rd  
PO BOX 3248

City Omaha State NE Zip Code 68180-0002

FEC ID number of contributing federal political committee. **C** C00276311

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : VNJ61DHRNJ0**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address 1701 John F Kennedy Blvd  
FI 49

City Philadelphia State PA Zip Code 19103-2855

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 26 / 2014

**Transaction ID : VNJ61DHRN81**

Amount of Each Receipt this Period  
 2500.00

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

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

8500.00

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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 8 OF 32 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kolowski for Legislature**

Mailing Address 4815 S 158th Cir

City State Zip Code  
Omaha NE 68135-1105

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 12 / 2014

**Transaction ID : VNJ61DHJCF2**

Amount of Each Receipt this Period  
500.00

Comprised of permissible funds

**B.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17th St NW

City State Zip Code  
Washington DC 20036-4709

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2014

**Transaction ID : VNJ61DGJD23**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 Massachusetts Ave NW

City State Zip Code  
Washington DC 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 29 / 2014

**Transaction ID : VNJ61DHRNC3**

Amount of Each Receipt this Period  
5000.00

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

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

10500.00

**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 9 OF 32 |
|                                                                         | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 Massachusetts Ave NW  
Ste 100

City Washington State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : VNJ61DHRNG4**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
HUSCH BLACKWELL POLITICAL ACTION COMMITTEE

Mailing Address 4801 Main St  
Ste 1000

City Kansas City State MO Zip Code 64112-2551

FEC ID number of contributing federal political committee. **C** C00424382

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014

**Transaction ID : VNJ61DHRN75**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
HDR, INC. PAC

Mailing Address C/O COMERICA BANK, PAC SERVICES  
P.O. BOX 75000, MC2250

City DETROIT State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2014

**Transaction ID : VNJ61DHRNB5**

Amount of Each Receipt this Period  
 5000.00

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

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

12000.00



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

|                                                                               |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 11 OF 32 |
|                                                                               | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

A. Mailing Address 101 Constitution Ave NW  
10TH FLOOR WEST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 26 / 2014**

Transaction ID : **VNJ61DHRNA7**

Amount of Each Receipt this Period  
**5000.00**

B. Full Name (Last, First, Middle Initial)  
**HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**

Mailing Address 800 17th St NW  
Ste 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2014**

Transaction ID : **VNJ61DHRNR7**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F St NW  
Ste 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2014**

Transaction ID : **VNJ61DHR978**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **11000.00**

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

**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 12 OF 32 |
|                                                                         | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

**A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Ave NW  
Ste 600  
City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : VNJ61DHRNE8**

Amount of Each Receipt this Period  
 2500.00

**B. BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 7261 Mercy Rd  
PO BOX 3248  
City Omaha State NE Zip Code 68180-0002

FEC ID number of contributing federal political committee. **C C00276311**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : VNJ61DHRNK8**

Amount of Each Receipt this Period  
 5000.00

**C. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 King St  
Ste 600  
City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 26 / 2014

**Transaction ID : VNJ61DHRN99**

Amount of Each Receipt this Period  
 2500.00

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

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

10000.00

63000.00

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

|                                                                         |                                                                                                                                                         |               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 13 OF 32 |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                  |                                                                                                                           |                                                                                                                          |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Kurt Gonska</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2014                                                            |
| Mailing Address 220 San Vicente Blvd<br>Ph 109                   |                                                                                                                           | Amount of Each Disbursement this Period<br>4500.00<br><b>Transaction ID : VNH6S9Y0EF0</b>                                |
| City Santa Monica                                                | State CA                                                                                                                  |                                                                                                                          |
| Zip Code 90402-1567                                              | Purpose of Disbursement<br>strategic consulting                                                                           | Category/<br>Type                                                                                                        |
| Candidate Name                                                   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                                          |
| Disbursement For: 2014                                           | State: District:                                                                                                          | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|                                                                      |                                                                                                                           |                                                                                                                          |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Jessica Lathrop</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 05 / 2014                                                            |
| Mailing Address 926 N 74th St                                        |                                                                                                                           | Amount of Each Disbursement this Period<br>2000.00<br><b>Transaction ID : VNH6S9Y9DA1</b>                                |
| City Omaha                                                           | State NE                                                                                                                  |                                                                                                                          |
| Zip Code 68114-3228                                                  | Purpose of Disbursement<br>Compliance and Bookkeeping service                                                             | Category/<br>Type                                                                                                        |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                                          |
| Disbursement For: 2016                                               | State: District:                                                                                                          | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|                                                                   |                                                                                                                           |                                                                                                                          |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Payroll Maxx</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014                                                            |
| Mailing Address 11248 John Galt Blvd                              |                                                                                                                           | Amount of Each Disbursement this Period<br>21561.90<br><b>Transaction ID : VNH6S9YC9S2</b>                               |
| City Omaha                                                        | State NE                                                                                                                  |                                                                                                                          |
| Zip Code 68137-2320                                               | Purpose of Disbursement<br>Payroll processing: See below                                                                  | Category/<br>Type                                                                                                        |
| Candidate Name                                                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                                          |
| Disbursement For: 2014                                            | State: District:                                                                                                          | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 28061.90 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 14 OF 32                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

Full Name (Last, First, Middle Initial)  
**A. Internal Revenue Service/EFTPS**

Mailing Address

City: Ogden State: UT Zip Code: 84201

Purpose of Disbursement: Federal withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 1530.00

Transaction ID : VNH6S9YCJNO

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. Noelle M. Obermeyer**

Mailing Address 1805 N 60th St

City: Omaha State: NE Zip Code: 68104

Purpose of Disbursement: Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 6107.81

Transaction ID : VNH6S9YC9Z0

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**c. James M Rogers**

Mailing Address 4207 Grover St

City: Omaha State: NE Zip Code: 68105-3828

Purpose of Disbursement: Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 6047.98

Transaction ID : VNH6S9YC9Y2

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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:<br>(check only one)                                                                                                                    | PAGE 15 OF 32 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NE Department of Revenue</b>                                             |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014 |
| Mailing Address PO Box 98915                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>644.84             |
| City Lincoln                                                                                                              | State NE                                                                                                                                           | Zip Code 68509-8915                                           |
| Purpose of Disbursement<br>State withholding                                                                              | Category/Type                                                                                                                                      |                                                               |
| Candidate Name                                                                                                            | Transaction ID : VNH6S9YC9X4                                                                                                                       |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service/EFTPS</b>                                       |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014 |
| Mailing Address                                                                                                           |                                                                                                                                                    | Amount of Each Disbursement this Period<br>3252.86            |
| City Ogden                                                                                                                | State UT                                                                                                                                           | Zip Code 84201                                                |
| Purpose of Disbursement<br>Federal withholding                                                                            | Category/Type                                                                                                                                      |                                                               |
| Candidate Name                                                                                                            | Transaction ID : VNH6S9YC9W6                                                                                                                       |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Internal Revenue Service/EFTPS</b>                                       |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014 |
| Mailing Address                                                                                                           |                                                                                                                                                    | Amount of Each Disbursement this Period<br>3307.18            |
| City Ogden                                                                                                                | State UT                                                                                                                                           | Zip Code 84201                                                |
| Purpose of Disbursement<br>Federal withholding                                                                            | Category/Type                                                                                                                                      |                                                               |
| Candidate Name                                                                                                            | Transaction ID : VNH6S9YCD7                                                                                                                        |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |      |
|-----------------------------------------------------------------|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                   | PAGE 16 OF 32                                               |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Payroll Maxx</b>                                                         |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014 |
| Mailing Address 11248 John Galt Blvd                                                                                      |                                                                                                                                                    | Amount of Each Disbursement this Period<br>8948.61            |
| City Omaha                                                                                                                | State NE                                                                                                                                           |                                                               |
| Zip Code 68137-2320                                                                                                       | Purpose of Disbursement<br>Payroll processing                                                                                                      | Transaction ID : VNH6S9YC9V8                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. NE Department of Revenue</b>                                             |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014 |
| Mailing Address PO Box 98915                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>639.33             |
| City Lincoln                                                                                                              | State NE                                                                                                                                           |                                                               |
| Zip Code 68509-8915                                                                                                       | Purpose of Disbursement<br>State withholding                                                                                                       | Transaction ID : VNH6S9YCJC9                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Payroll Maxx</b>                                                         |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address 11248 John Galt Blvd                                                                                      |                                                                                                                                                    | Amount of Each Disbursement this Period<br>8948.61            |
| City Omaha                                                                                                                | State NE                                                                                                                                           |                                                               |
| Zip Code 68137-2320                                                                                                       | Purpose of Disbursement<br>Payroll processing: See below                                                                                           | Transaction ID : VNH6S9Y0983                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8948.61 |
| <b>TOTAL</b> 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 17 OF 32                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                                                    |                              |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Laura Kraft</b>                                                                                   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address 9746 Cady Ave                                                                                                                      |                              | Amount of Each Disbursement this Period<br>2250.40            |
| City Omaha                                                                                                                                         | State NE Zip Code 68134-5644 |                                                               |
| Purpose of Disbursement<br>Payroll                                                                                                                 | Candidate Name               | Transaction ID : VNH6S9Y09E0                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |                              |                                                               |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:             | [MEMO ITEM]<br>*                                              |

|                                                                                                                                                    |                              |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Payroll Maxx</b>                                                                                  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address 11248 John Galt Blvd                                                                                                               |                              | Amount of Each Disbursement this Period<br>33.60              |
| City Omaha                                                                                                                                         | State NE Zip Code 68137-2320 |                                                               |
| Purpose of Disbursement<br>Payroll service                                                                                                         | Candidate Name               | Transaction ID : VNH6S9Y0991                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |                              |                                                               |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:             | [MEMO ITEM]<br>*                                              |

|                                                                                                                                                    |                              |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. NE Department of Revenue</b>                                                                      |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address PO Box 98915                                                                                                                       |                              | Amount of Each Disbursement this Period<br>175.71             |
| City Lincoln                                                                                                                                       | State NE Zip Code 68509-8915 |                                                               |
| Purpose of Disbursement<br>State withholding                                                                                                       | Candidate Name               | Transaction ID : VNH6S9YCJG1                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |                              |                                                               |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:             | [MEMO ITEM]<br>*                                              |

|                                                                 |      |
|-----------------------------------------------------------------|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 18 OF 32 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Noelle M. Obermeyer</b>                                                  |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address 1805 N 60th St                                                                                            |                                                                                                                                                    | Amount of Each Disbursement this Period<br>2146.06            |
| City Omaha                                                                                                                | State NE                                                                                                                                           |                                                               |
| Zip Code 68104                                                                                                            | Purpose of Disbursement<br>Salary - Fundraising for 2014 debt relief                                                                               | Transaction ID : VNH6S9Y09D2                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service/EFTPS</b>                                       |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address                                                                                                           |                                                                                                                                                    | Amount of Each Disbursement this Period<br>823.89             |
| City Ogden                                                                                                                | State UT                                                                                                                                           |                                                               |
| Zip Code 84201                                                                                                            | Purpose of Disbursement<br>Federal withholding                                                                                                     | Transaction ID : VNH6S9YCJF3                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Internal Revenue Service/EFTPS</b>                                       |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address                                                                                                           |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1338.32            |
| City Ogden                                                                                                                | State UT                                                                                                                                           |                                                               |
| Zip Code 84201                                                                                                            | Purpose of Disbursement<br>Federal withholding                                                                                                     | Transaction ID : VNH6S9YCJK4                                  |
| Candidate Name                                                                                                            | Category/Type                                                                                                                                      |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                              |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |      |
|-----------------------------------------------------------------|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 19 OF 32 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                           |                              |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NE Department of Revenue</b>                                             |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address PO Box 98915                                                                                              |                              | Amount of Each Disbursement this Period<br>152.83             |
| City Lincoln                                                                                                              | State NE Zip Code 68509-8915 |                                                               |
| Purpose of Disbursement<br>State withholding                                                                              | Candidate Name               | Transaction ID : VNH6S9YCJJ6                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                              |                                                               |
| State: District:                                                                                                          | Category/Type                | [MEMO ITEM]<br>*                                              |

|                                                                                                                           |                              |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. NE Department of Revenue</b>                                             |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address PO Box 98915                                                                                              |                              | Amount of Each Disbursement this Period<br>90.87              |
| City Lincoln                                                                                                              | State NE Zip Code 68509-8915 |                                                               |
| Purpose of Disbursement<br>State withholding                                                                              | Candidate Name               | Transaction ID : VNH6S9Y09B7                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                              |                                                               |
| State: District:                                                                                                          | Category/Type                | [MEMO ITEM]<br>*                                              |

|                                                                                                                           |                              |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Zachary Andrews</b>                                                      |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014 |
| Mailing Address 95 Cascade Dr                                                                                             |                              | Amount of Each Disbursement this Period<br>1493.37            |
| City Battle Creek                                                                                                         | State MI Zip Code 49015-3507 |                                                               |
| Purpose of Disbursement<br>Payroll                                                                                        | Candidate Name               | Transaction ID : VNH6S9Y09F8                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                              |                                                               |
| State: District:                                                                                                          | Category/Type                | [MEMO ITEM]<br>*                                              |

|                                                                 |      |
|-----------------------------------------------------------------|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 20 OF 32 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

Full Name (Last, First, Middle Initial)  
**A. Internal Revenue Service/EFTPS**

Mailing Address

City State Zip Code  
Ogden UT 84201

Purpose of Disbursement  
Federal withholding

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 01 / 2014

Amount of Each Disbursement this Period  
415.76

Transaction ID : VNH6S9Y09A9

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B. Kurt Gonska**

Mailing Address 220 San Vicente Blvd  
Ph 109

City State Zip Code  
Santa Monica CA 90402-1567

Purpose of Disbursement  
Payroll

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 26 / 2014

Amount of Each Disbursement this Period  
15000.00

Transaction ID : VNH6S9Y9D93

Full Name (Last, First, Middle Initial)  
**c. Unionist Printing**

Mailing Address 1309 NW Radial Hwy

City State Zip Code  
Omaha NE 68132-1721

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 30 / 2014

Amount of Each Disbursement this Period  
1167.91

Transaction ID : VNH6S9YC9F3

**SUBTOTAL** of Disbursements This Page (optional)..... 16167.91

**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 21 OF 32                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                  |                                                                                                                                                    |                                                                                           |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP VAN, Inc.</b>                                               |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014                             |
| Mailing Address 1101 15th St NW                                                                                  |                                                                                                                                                    | Amount of Each Disbursement this Period<br>2640.00<br><b>Transaction ID : VNH6S9Y4YH3</b> |
| City Washington                                                                                                  | State DC Zip Code 20005-5006                                                                                                                       |                                                                                           |
| Purpose of Disbursement Database services                                                                        | Candidate Name                                                                                                                                     | Category/Type                                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                           |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                           |

|                                                                                                                  |                                                                                                                                                    |                                                                                           |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Nebraska Democratic Party</b>                                   |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 05 / 2014                             |
| Mailing Address 421 S 9th St Ste 233                                                                             |                                                                                                                                                    | Amount of Each Disbursement this Period<br>2000.00<br><b>Transaction ID : VNH6S9YC9R5</b> |
| City Lincoln                                                                                                     | State NE Zip Code 68508-2245                                                                                                                       |                                                                                           |
| Purpose of Disbursement Voterfile access                                                                         | Candidate Name Nebraska Democratic Party                                                                                                           | Category/Type                                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                           |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                           |

|                                                                                                                  |                                                                                                                                                    |                                                                                           |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Payroll Maxx</b>                                                |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 15 / 2014                             |
| Mailing Address 11248 John Galt Blvd                                                                             |                                                                                                                                                    | Amount of Each Disbursement this Period<br>3259.70<br><b>Transaction ID : VNH6S9YCA16</b> |
| City Omaha                                                                                                       | State NE Zip Code 68137-2320                                                                                                                       |                                                                                           |
| Purpose of Disbursement Payroll processing: See below                                                            | Candidate Name                                                                                                                                     | Category/Type                                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                           |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                           |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7899.70 |
| <b>TOTAL</b> 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 22 OF 32                       |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

Full Name (Last, First, Middle Initial)  
**A. Internal Revenue Service/EFTPS**

Mailing Address

City: Ogden State: UT Zip Code: 84201

Purpose of Disbursement: Federal tax withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 930.61

Transaction ID : VNH6S9YCA31

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. Payroll Maxx**

Mailing Address: 11248 John Galt Blvd

City: Omaha State: NE Zip Code: 68137-2320

Purpose of Disbursement: Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 30.20

Transaction ID : VNH6S9YCA24

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**c. Noelle M. Obermeyer**

Mailing Address: 1805 N 60th St

City: Omaha State: NE Zip Code: 68104

Purpose of Disbursement: Salary - fundraising for 2014 Debt Relief

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 2146.06

Transaction ID : VNH6S9YCA57

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

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

|                                                                               |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 23 OF 32                       |                                    |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                           |                                                                                                                                                    |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NE Department of Revenue</b>                                             |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 15 / 2014     |
| Mailing Address PO Box 98915                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>9,999,999.99<br>152.83 |
| City Lincoln                                                                                                              | State NE Zip Code 68509-8915                                                                                                                       |                                                                   |
| Purpose of Disbursement<br>State tax withholding                                                                          |                                                                                                                                                    | Transaction ID : VNH6S9YCA49                                      |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>*                                                  |
| State: District:                                                                                                          | Category/Type                                                                                                                                      |                                                                   |

|                                                                                                                           |                                                                                                                                                    |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. PhRMA</b>                                                                |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2014     |
| Mailing Address 950 F St NW<br>Ste 300                                                                                    |                                                                                                                                                    | Amount of Each Disbursement this Period<br>9,999,999.99<br>810.00 |
| City Washington                                                                                                           | State DC Zip Code 20004-1440                                                                                                                       |                                                                   |
| Purpose of Disbursement<br>Reimbursement for tickets purchased for fundraising event                                      |                                                                                                                                                    | Transaction ID : VNH6S9YC9E6                                      |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Category/Type                                                     |
| State: District:                                                                                                          |                                                                                                                                                    |                                                                   |

|                                                                                                                           |                                                                                                                                                    |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Kully Hall LLC</b>                                                       |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 23 / 2014      |
| Mailing Address 159 S Jackson St<br>Ste 400                                                                               |                                                                                                                                                    | Amount of Each Disbursement this Period<br>9,999,999.99<br>8860.43 |
| City Seattle                                                                                                              | State WA Zip Code 98104-4435                                                                                                                       |                                                                    |
| Purpose of Disbursement<br>Media Production                                                                               |                                                                                                                                                    | Transaction ID : VNH6S9YC9Q7                                       |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Category/Type                                                      |
| State: District:                                                                                                          |                                                                                                                                                    |                                                                    |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 9670.43 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                               |                                    |                                     |                                    |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 24 OF 32                       |                                    |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                           |                                            |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Kurt Gonska</b>                                                          |                                            | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 22 / 2014</b> |
| Mailing Address <b>220 San Vicente Blvd<br/>Ph 109</b>                                                                    |                                            | Amount of Each Disbursement this Period<br><b>4500.00</b>            |
| City <b>Santa Monica</b>                                                                                                  | State <b>CA</b> Zip Code <b>90402-1567</b> |                                                                      |
| Purpose of Disbursement<br><b>Strategic consulting</b>                                                                    | Candidate Name                             | <b>Transaction ID : VNH6S9Y9DB9</b>                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                            |                                                                      |
| State: District:                                                                                                          | Category/Type                              |                                                                      |

|                                                                                                                           |                |                                             |
|---------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                                      |                | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                           |                | Amount of Each Disbursement this Period     |
| City                                                                                                                      | State Zip Code |                                             |
| Purpose of Disbursement                                                                                                   | Candidate Name |                                             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |                                             |
| State: District:                                                                                                          | Category/Type  |                                             |

|                                                                                                                           |                |                                             |
|---------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                                      |                | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                           |                | Amount of Each Disbursement this Period     |
| City                                                                                                                      | State Zip Code |                                             |
| Purpose of Disbursement                                                                                                   | Candidate Name |                                             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |                                             |
| State: District:                                                                                                          | Category/Type  |                                             |

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4500.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>75248.55</b> |

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

|                                                                               |                                      |                                    |                                                |                                    |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 25 OF 32                                  |                                    |
|                                                                               | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                                   |                                                                                                                                                    |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Brad Ashford</b>                                                                 |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 31 / 2014</b> |
| Mailing Address 7926 Shirley Cir                                                                                                  |                                                                                                                                                    | Amount of Each Disbursement this Period<br><b>15000.00</b>           |
| City Omaha                                                                                                                        | State NE Zip Code 68124-1447                                                                                                                       |                                                                      |
| Purpose of Disbursement<br>Repayment of loan                                                                                      |                                                                                                                                                    | Transaction ID : <b>VNH6S9Y7YJ5</b>                                  |
| Candidate Name<br><b>The Hon. Brad Ashford</b>                                                                                    |                                                                                                                                                    |                                                                      |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Category/<br>Type                                                    |
| State: NE District: 02                                                                                                            |                                                                                                                                                    |                                                                      |

|                                                                                                                        |                                                                                                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                                   |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                        |                                                                                                                                    | Amount of Each Disbursement this Period     |
| City                                                                                                                   | State Zip Code                                                                                                                     |                                             |
| Purpose of Disbursement                                                                                                |                                                                                                                                    | Category/<br>Type                           |
| Candidate Name                                                                                                         |                                                                                                                                    |                                             |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: District:                                                                                                       |                                                                                                                                    |                                             |

|                                                                                                                        |                                                                                                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                                   |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                        |                                                                                                                                    | Amount of Each Disbursement this Period     |
| City                                                                                                                   | State Zip Code                                                                                                                     |                                             |
| Purpose of Disbursement                                                                                                |                                                                                                                                    | Category/<br>Type                           |
| Candidate Name                                                                                                         |                                                                                                                                    |                                             |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: District:                                                                                                       |                                                                                                                                    |                                             |

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>15000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>15000.00</b> |

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

|                                                                               |                                      |                                    |                                                |                                    |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 26 OF 32                                  |                                    |
|                                                                               | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                                                  |                                                                                                                                                    |                                                                      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. TRANSCANADA USA SERVICES, INC. PAC</b>                          |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 26 / 2014</b> |
| Mailing Address <b>717 Texas St</b>                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br><b>1000.00</b>            |
| City <b>Houston</b> State <b>TX</b> Zip Code <b>77002-2761</b>                                                   | Purpose of Disbursement<br><b>Refund of contribution</b>                                                                                           |                                                                      |
| Candidate Name<br><b>TRANSCANADA USA SERVICES, INC. PAC</b>                                                      |                                                                                                                                                    | <b>Transaction ID : VNH6S9YC9C0</b>                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                      |
| State: _____ District: _____                                                                                     | Category/Type                                                                                                                                      |                                                                      |

|                                                                                                                  |                                                                                                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                             |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period     |
| City _____ State _____ Zip Code _____                                                                            | Purpose of Disbursement                                                                                                            |                                             |
| Candidate Name                                                                                                   |                                                                                                                                    | Category/Type                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: _____ District: _____                                                                                     |                                                                                                                                    |                                             |

|                                                                                                                  |                                                                                                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                             |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period     |
| City _____ State _____ Zip Code _____                                                                            | Purpose of Disbursement                                                                                                            |                                             |
| Candidate Name                                                                                                   |                                                                                                                                    | Category/Type                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: _____ District: _____                                                                                     |                                                                                                                                    |                                             |

|                                                                 |                |
|-----------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>1000.00</b> |

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ61D4EX42L

Brad Ashford for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Brad Ashford

Primary

General

Other (specify) ▼

Mailing Address  
7926 Shirley Cir

City State ZIP Code  
Omaha NE 68124-1447

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
15000.00 15000.00 0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

17

2014

none

none % (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)..... 0.00  
**TOTALS** This Period (last page in this line only)..... 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VNJ61D4EX42L

Personal loan from candidate

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|                                                   |                                                                                                     |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 29 OF 32                                                                                       |
|                                                   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Brad Ashford for Congress**

|                                                                                           |                                                      |
|-------------------------------------------------------------------------------------------|------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>James M Rogers</b> | Nature of Debt (Purpose):<br>Final salary 2014 cycle |
| Mailing Address 4207 Grover St                                                            |                                                      |
| City State Zip Code<br>Omaha NE 68105-3828                                                |                                                      |

|                                                       |                                     |                                                     |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period<br>10000.00 | <b>Transaction ID : VNF899HAD11</b> |                                                     |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>10000.00     | Outstanding Balance at Close of This Period<br>0.00 |

|                                                                                            |                                                        |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Zachary Andrews</b> | Nature of Debt (Purpose):<br>Final salary 2014 payroll |
| Mailing Address 95 Cascade Dr                                                              |                                                        |
| City State Zip Code<br>Battle Creek MI 49015-3507                                          |                                                        |

|                                                      |                                     |                                                     |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period<br>2000.00 | <b>Transaction ID : VNF899HADR1</b> |                                                     |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>2000.00      | Outstanding Balance at Close of This Period<br>0.00 |

|                                                                                                |                                                      |
|------------------------------------------------------------------------------------------------|------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Noelle M. Obermeyer</b> | Nature of Debt (Purpose):<br>Final salary 2014 cycle |
| Mailing Address 1805 N 60th St                                                                 |                                                      |
| City State Zip Code<br>Omaha NE 68104                                                          |                                                      |

|                                                       |                                     |                                                     |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period<br>10000.00 | <b>Transaction ID : VNF899HAD03</b> |                                                     |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>10000.00     | Outstanding Balance at Close of This Period<br>0.00 |

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Brad Ashford for Congress**

|                                                                                        |               |                                                      |
|----------------------------------------------------------------------------------------|---------------|------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Laura Kraft</b> |               | Nature of Debt (Purpose):<br>Final salary 2014 cycle |
| Mailing Address 9746 Cady Ave                                                          |               |                                                      |
| City State                                                                             | Zip Code      |                                                      |
| Omaha                                                                                  | NE 68134-5644 |                                                      |

|                                           |                                      |                                             |
|-------------------------------------------|--------------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | <b>Transaction ID : VNF899HADQ3</b>  |                                             |
| <input type="text" value="3250.00"/>      |                                      |                                             |
| Amount Incurred This Period               | Payment This Period                  | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/>         | <input type="text" value="3250.00"/> | <input type="text" value="0.00"/>           |

|                                                                                           |               |                                               |
|-------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kully Hall LLC</b> |               | Nature of Debt (Purpose):<br>Media production |
| Mailing Address 159 S Jackson St Ste 400                                                  |               |                                               |
| City State                                                                                | Zip Code      |                                               |
| Seattle                                                                                   | WA 98104-4435 |                                               |

|                                           |                                      |                                             |
|-------------------------------------------|--------------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | <b>Transaction ID : VNF899HACZ5</b>  |                                             |
| <input type="text" value="8860.43"/>      |                                      |                                             |
| Amount Incurred This Period               | Payment This Period                  | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/>         | <input type="text" value="8860.43"/> | <input type="text" value="0.00"/>           |

|                                                                                        |       |                                                   |
|----------------------------------------------------------------------------------------|-------|---------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kurt Gonska</b> |       | Nature of Debt (Purpose):<br>Strategic Consulting |
| Mailing Address 220 San Vicente Blvd Ph 109                                            |       |                                                   |
| City                                                                                   | State | Zip Code                                          |
| Santa Monica                                                                           | CA    | 90402-1567                                        |

|                                           |                                      |                                             |
|-------------------------------------------|--------------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | <b>Transaction ID : VNF899HAD37</b>  |                                             |
| <input type="text" value="4500.00"/>      |                                      |                                             |
| Amount Incurred This Period               | Payment This Period                  | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/>         | <input type="text" value="4500.00"/> | <input type="text" value="0.00"/>           |

|                                                                                                  |                                   |
|--------------------------------------------------------------------------------------------------|-----------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | <input type="text" value="0.00"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | <input type="text"/>              |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | <input type="text"/>              |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/>              |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VNF899HACZ5

Amount due for final media buys before Election Day 2014

Form/Schedule:

Transaction ID:

**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)

**Brad Ashford for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Kurt Gonska**

Mailing Address 220 San Vicente Blvd  
Ph 109

City State Zip Code  
Santa Monica CA 90402-1567

Nature of Debt (Purpose):  
Final salary 2014 cycle

Outstanding Balance Beginning This Period **15000.00** Transaction ID : VNF899HAD29

Amount Incurred This Period **0.00** Payment This Period **15000.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Nebraska Democratic Party**

Mailing Address 421 S 9th St  
Ste 233

City State Zip Code  
Lincoln NE 68508-2245

Nature of Debt (Purpose):  
Voterfile Access

Outstanding Balance Beginning This Period **2000.00** Transaction ID : VNF899HAE79

Amount Incurred This Period **0.00** Payment This Period **2000.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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