



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

SECRETARY THE SENATE
14 SEP 15 PM 3:28 BQ-2

August 5, 2014

BART J. WARD, TREASURER
ABELER4SENATE
600 EAST MAIN STREET
ANOKA, MN 55303

Response Due Date
09/09/2014

IDENTIFICATION NUMBER: C00546630

REFERENCE: APRIL QUARTERLY REPORT (01/01/2014 - 03/31/2014)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Senate Public Records Office by the response date noted above. Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 3 item(s):

1. Commission Regulations require that a committee discloses the identification of all individuals who contribute in excess of \$200 in an election cycle. (11 CFR § 104.3(a)(4)(i)) Identification for an individual is defined as the full name (initials for first or last name are not acceptable), complete mailing address, occupation, and name of employer. (11 CFR § 100.12) Your report discloses contributions from individuals for which the identification is not complete.

The attached employer and occupation entries appear on your report and are not considered acceptable.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR § 104.7(b)(1)) See 11 CFR § 104.7(b)(1)(B) for examples of acceptable statements regarding

14020694698

ABELER4SENATE

Page 2 of 3

the requirements of federal law.

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2)) The requests must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you should either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR § 104.7(b)(4))

Please amend your report to provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

2. Itemized disbursements must include a brief statement or description of why each disbursement was made. Please amend Schedule B supporting Line 17 of your report to clarify the attached description(s). For further guidance regarding acceptable purposes of disbursement, please refer to 11 CFR 104.3(b)(4)(i)(A).

Additional clarification regarding inadequate purposes of disbursement published in the Federal Register is available on the FEC website at www.fec.gov/law/policy/purposeofdisbursement/inadequate_purpose_list_3507.pdf. A non-exhaustive list of acceptable purposes is also available on the FEC website at <http://www.fec.gov/rad/pacs/documents/ExamplesofAdequatePurposes.pdf>.

3. Schedule B of your report discloses reimbursements to individuals for the following disbursement(s). Please be advised that when itemizing reimbursements to individuals for goods or services, if the payment to the original vendor aggregates in excess of \$200 in an election cycle, a memo entry

14020694699

**FEC
FORM 3**

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

SECRETARY OF THE SENATE
14 SEP 15 PM 3:26
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ABELER4SENATE

ADDRESS (number and street) 600 EAST MAIN STREET

Check if different than previously reported. (ACC)

ANOKA

MN

55303

2. FEC IDENTIFICATION NUMBER ▼

C C00546630

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MN

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
01 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BART WARD

Signature of Treasurer BART WARD

Date

09 / 07 / 2014

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

14020694700

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
ABELER4SENATE

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	27670.03	109421.52
(b) Total Contribution Refunds (from Line 20(d))..	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	27670.03	109321.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	39141.29	98955.96
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	2566.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	39141.29	96389.87
8. Cash on Hand at Close of Reporting Period (from Line 27)...	13883.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	548.00	

For further information contact:

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

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

14020694701

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 35

Write or Type Committee Name

ABELER4SENATE

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) ...

22869.03

80950.52

(ii) Unitemized

4801.00

28341.00

(iii) TOTAL of contributions from individuals .

27670.03

109291.52

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ...

0.00

0.00

(d) The Candidate

0.00

130.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

27670.03

109421.52

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

548.00

548.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

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

548.00

548.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

2566.09

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

403.54

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

28218.03

112939.15

14020694702

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	39141.29	98955.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	100.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	100.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	39141.29	99055.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	24806.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	28218.03
25. SUBTOTAL (add Line 23 and Line 24)...	53024.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	39141.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	13883.19

14020694703

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
IDIL ABDULL

Mailing Address **PO BOX 85**

City SAVAGE	State MN	Zip Code 56378
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
--------------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 MM / DD / YYYY
03 / 05 / 2014

Transaction ID : **SA11AI.5386**

Amount of Each Receipt this Period
250.00

MONEY GRAM

B. Full Name (Last, First, Middle Initial)
Dr. JAMES J ABELER Sr.

Mailing Address **12060 CREE ST.**

City COON RAPIDS	State MN	Zip Code 55433
----------------------------	--------------------	--------------------------

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

Name of Employer RETIRED	Occupation CHIROPRACTOR
------------------------------------	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 MM / DD / YYYY
01 / 06 / 2014

Transaction ID : **SA11AI.5368**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. W.E. BARRETT

Mailing Address **5673 147TH ST N**
PO BOX 457

City HUGO	State MN	Zip Code 55038
---------------------	--------------------	--------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11AI.5420**

Amount of Each Receipt this Period
200.00

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

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

1450.00

14020694704

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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
BARBRO BROST

Mailing Address **2840 COUNTY ROAD 24**

City LONG LAKE	State MN	Zip Code 55356
--------------------------	--------------------	--------------------------

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

Name of Employer BARBRO BROST CHIROPRACTIC	Occupation CHIROPRACTOR
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

MM	DD	YYYY
01	26	2014

Transaction ID : **SA11AI.5360**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. JOEL BUYS

Mailing Address **5060 210TH ST**

City FOREST LAKE	State MN	Zip Code 55025
----------------------------	--------------------	--------------------------

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

Name of Employer SELF EMPLOYED	Occupation CHIROPRACTOR
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

MM	DD	YYYY
01	16	2014

Transaction ID : **SA11AI.5353**

Amount of Each Receipt this Period
50.00

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

Mailing Address **1145 WEST SHORE DR SW**

City HUTCHINSON	State MN	Zip Code 55350
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt

MM	DD	YYYY
03	25	2014

Transaction ID : **SA11AI.5411**

Amount of Each Receipt this Period
260.00

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

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

810.00

14020694705

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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
SHIRLEY J CHRISTENSON

Mailing Address **326 RICE ST**

City ANOKA	State MN	Zip Code 55303
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 MM / DD / YYYY
01 / 09 / 2014

Transaction ID : **SA11AI.5356**

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CARL CLEVELAND III

Mailing Address **6140 157TH LANE NW**

City KANSAS CITY	State MN	Zip Code 64112
----------------------------	--------------------	--------------------------

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

Name of Employer CLEVELAND CHIROPRACTIC COLLEGE	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 MM / DD / YYYY
03 / 17 / 2014

Transaction ID : **SA11AI.5256**

Amount of Each Receipt this Period
500.00

CC

C. Full Name (Last, First, Middle Initial)
STEPHEN J COLLINS

Mailing Address **527 COON RAPIDS BLVD**

City COON RAPIDS	State MN	Zip Code 55433
----------------------------	--------------------	--------------------------

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

Name of Employer ABUNDANT LIFE FAMILY CHIROPRACTIC	Occupation CHIROPRACTOR
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
360.00

Date of Receipt
 MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11AI.5342**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

14020694706

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
JAMES DEAL

Mailing Address **PO BOX 159**
16191 MAKAH ST NW

City **ANOKA** State **MN** Zip Code **55303**

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

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
02 / 12 / 2014

Transaction ID : **SA11AI.5391**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CATHRINE L DOCK

Mailing Address **P O BOX 98**

City **ANOKA** State **MN** Zip Code **55303**

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

Name of Employer Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 MM / DD / YYYY
03 / 28 / 2014

Transaction ID : **SA11AI.5336**

Amount of Each Receipt this Period
200.00

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

Mailing Address **2826 S CRESTWOOD DR NE**

City **ALEXANDRIA** State **MN** Zip Code **56308**

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

Name of Employer **Central Lakes Chiropractic** Occupation **DC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
03 / 24 / 2014

Transaction ID : **SA11AI.5415**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1200.00

14020694707

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

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

FOR LINE NUMBER: PAGE 9 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
SUSAN MARTY ELDRIDGE

Mailing Address **6105 EDEN PRAIRIE RD # A-14**

City **EDINA** State **MN** Zip Code **55436**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 MM / DD / YYYY
02 / 05 / 2014

Transaction ID : **SA11A1.5245**

Amount of Each Receipt this Period
250.00

CC

B. Full Name (Last, First, Middle Initial)
GORDON ENGEL

Mailing Address **645 HARMONY CIRCLE**

City **WAYZATA** State **MN** Zip Code **55391**

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

Name of Employer Occupation
THE FOURSOME, INC **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
03 / 13 / 2014

Transaction ID : **SA11A1.5254**

Amount of Each Receipt this Period
250.00

CC

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

Mailing Address **5740 BROOKLYN BLVD
STE 100**

City **BROOKLYN CENTER** State **MN** Zip Code **55429**

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

Name of Employer Occupation
BROOKDALE HEALTH **CHIROPRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
02 / 07 / 2014

Transaction ID : **SA11A1.5398**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

14020694708

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 10 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
MICHAEL FLYNN

Mailing Address **4 DANDRA CIRCLE**

City **HOUMA** State **LA** Zip Code **70360**

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

Name of Employer **SELF** Occupation **CHIROPRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt
 MM / DD / YYYY
01 / 24 / 2014

Transaction ID : **SA11AI.5361**

Amount of Each Receipt this Period
260.00

B. Full Name (Last, First, Middle Initial)
NANCY GESKE

Mailing Address **212 SUNSET AVE**

City **GLEN ELLYN** State **IL** Zip Code **60137**

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

Name of Employer **CUSD 200** Occupation **TEACHERS AIDE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 MM / DD / YYYY
02 / 08 / 2014

Transaction ID : **SA11AI.5374**

Amount of Each Receipt this Period
200.00

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

Mailing Address **11465 KENYON CT NE**

City **BLAINE** State **MN** Zip Code **55449**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 MM / DD / YYYY
01 / 06 / 2014

Transaction ID : **SA11AI.5359**

Amount of Each Receipt this Period
200.00

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

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

660.00

14020694709

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 11 OF 35		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
ROCHELLE HARTJE

Mailing Address **3545 RUM RIVER DRIVE**

City **ANOKA** State **MN** Zip Code **55303**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
02 / 04 / 2014

Transaction ID : **SA11A1.5382**

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
ALBERT C HOFF

Mailing Address **7870 BENT TREE CIRCLE**

City **PRIOR LAKE** State **MN** Zip Code **55372**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
01 / 01 / 2014

Transaction ID : **SA11A1.5375**

Amount of Each Receipt this Period
200.00

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

Mailing Address **7870 BENT TREE CIRCLE**

City **PRIOR LAKE** State **MN** Zip Code **55372**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11A1.5423**

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

825.00

14020694710

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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial)
A. INTERNATIONAL CHIROPRACTIC ASSOCIATION

Mailing Address **1110 N GLEBE RD**
STE 650

City **ARLINGTON** State **VA** Zip Code **22201**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **SA11AI.5416**

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. JILL IVERSON

Mailing Address **1006 S CALVIN ST**

City **FERGUS FALLS** State **MN** Zip Code **56537**

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

Name of Employer Occupation
FIELD CHIROPRACTIC
OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 MM / DD / YYYY
03 / 21 / 2014

Transaction ID : **SA11AI.5258**

Amount of Each Receipt this Period
325.00

CC

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

Mailing Address **9964 ELM CREEK TRAIL**

City **CHAMPLIN** State **MN** Zip Code **55316**

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

Name of Employer Occupation
HOMEMAKER
HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt /
 MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11AI.5266**

Amount of Each Receipt this Period
250.00

CC

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1575.00

14020694711

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 35
(check only one)

11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
JOHN KELLER

Mailing Address **14044 ORCHID ST NW**

City **ANDOVER** State **MN** Zip Code **55304**

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

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
03 / 26 / 2014

Transaction ID : **SA11AI.5341**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
THEA S KILLEEN

Mailing Address **2548 170TH AVE NE**

City **HAM LAKE** State **MN** Zip Code **55304**

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

Name of Employer **ABELER CHIROPRACTIC** Occupation **DC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt
03 / 28 / 2014

Transaction ID : **SA11AI.5339**

Amount of Each Receipt this Period
260.00

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

Mailing Address **6910 POINT OF ROCKS RD**

City **SARASOTA** State **FL** Zip Code **34242**

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

Name of Employer Occupation **HOME MAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
02 / 10 / 2014

Transaction ID : **SA11AI.5552**

Amount of Each Receipt this Period
2500.00

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

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

3010.00

14020694712

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 14 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
GARY KOMPOTHECRAS

Mailing Address **6910 POINT OF ROCKS RD**

City SARASOTA	State FL	Zip Code 34242
-------------------------	--------------------	--------------------------

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

Name of Employer PHYSICIANS GROUP, LLC	Occupation CHIROPRACTOR
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 MM / DD / YYYY
02 / 10 / 2014

Transaction ID : **SA11AI.5377**

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
THEODORE A KVASNIK

Mailing Address **1245 KNOLLWOOD LANE**

City MENDOTA HEIGHTS	State MN	Zip Code 55118
--------------------------------	--------------------	--------------------------

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

Name of Employer KVK ENTERPRISES	Occupation CEO
--	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 MM / DD / YYYY
03 / 30 / 2014

Transaction ID : **SA11AI.5426**

Amount of Each Receipt this Period
25.00

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

Mailing Address **260 5TH ST E APT 407**

City ST PAUL	State MN	Zip Code 55101
------------------------	--------------------	--------------------------

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

Name of Employer ADVANCED MEDICINE TWIN CITIES	Occupation CHIROPRACTOR
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 MM / DD / YYYY
02 / 06 / 2014

Transaction ID : **SA11AI.5381**

Amount of Each Receipt this Period
300.00

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

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

2825.00

14020694713

**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 15 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
RANDALL LISH

Mailing Address **7999 WHITE OAK ST NE**

City BEMIDJI	State MN	Zip Code 56601
------------------------	--------------------	--------------------------

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

Name of Employer ADVANCED CHIROPRACTIC	Occupation CHIROPRACTOR
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
03 / 15 / 2014

Transaction ID : **SA11AI.5405**

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
ERIC MARQUARDT

Mailing Address **8944 DYRUD LN**

City OSAKIS	State MN	Zip Code 56360
-----------------------	--------------------	--------------------------

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

Name of Employer WORLD DATA CORP	Occupation SELF EMPLOYED
--	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **668.75**

Date of Receipt
 MM / DD / YYYY
01 / 15 / 2014

Transaction ID : **SA11AI.5561**

Amount of Each Receipt this Period
653.75

In-kind - RENT - ALEXANDRIA

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

Mailing Address **1602 ASH STREET**

City ALEXANDRIA	State MN	Zip Code 56308
---------------------------	--------------------	--------------------------

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

Name of Employer	Occupation SELF EMPLOYED
------------------	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2203.01**

Date of Receipt
 MM / DD / YYYY
03 / 15 / 2014

Transaction ID : **SA11AI.5565**

Amount of Each Receipt this Period
711.08

In-kind - RENT - ALEXANDRIA

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

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

1564.83

14020694714

**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 16 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
MICHAEL MARQUARDT

Mailing Address **1602 ASH STREET**

City **ALEXANDRIA** State **MN** Zip Code **56308**

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

Name of Employer Occupation
SELF EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1907.85

Date of Receipt
MM / DD / YYYY
02 / 15 / 2014

Transaction ID : **SA11AI.5563**

Amount of Each Receipt this Period
699.20

In-kind - RENT - ALEXANDRIA

B. Full Name (Last, First, Middle Initial)
BRENNAN MCALPIN

Mailing Address **225 BROWN AVE N
PO BOX 193**

City **ANNANDALE** State **MN** Zip Code **55302**

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

Name of Employer Occupation
**SELF EMPLOYED
MCALPIN CONSULTING, LLC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2014

Transaction ID : **SA11AI.5380**

Amount of Each Receipt this Period
250.00

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

Mailing Address **1133W 8TH ST S**

City **BROOKINGS** State **SD** Zip Code **57006**

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

Name of Employer Occupation
**SELF
DC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2014

Transaction ID : **SA11AI.5348**

Amount of Each Receipt this Period
1000.00

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

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

1949.20

14020694715

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

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

FOR LINE NUMBER: PAGE 17 OF 35
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
JEFFREY OLSON

Mailing Address **14780 POTASSIUM ST NW**

City **RAMSEY** State **MN** Zip Code **55303**

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

Name of Employer **BETHEL UNIVERSITY** Occupation **DIRECTOR OF FINANCIAL AID**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **MM / DD / YYYY**
02 / 03 / 2014

Transaction ID : **SA11AI.5244**

Amount of Each Receipt this Period **50.00**

CC

B. Full Name (Last, First, Middle Initial)
JEFFREY OLSON

Mailing Address **14780 POTASSIUM ST NW**

City **RAMSEY** State **MN** Zip Code **55303**

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

Name of Employer **BETHEL UNIVERSITY** Occupation **DIRECTOR OF FINANCIAL AID**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **MM / DD / YYYY**
03 / 03 / 2014

Transaction ID : **SA11AI.5252**

Amount of Each Receipt this Period **50.00**

CC

C. Full Name (Last, First, Middle Initial)
JAMES G POTTER

Mailing Address **46379 NEW FIELD PL**

City **POTOMAC FALLS** State **VA** Zip Code **20165**

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

Name of Employer **IWL CHIRO ASSOC** Occupation **DC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **MM / DD / YYYY**
02 / 27 / 2014

Transaction ID : **SA11AI.5395**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **350.00**

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

14020694716

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 35
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
REBECCA RICE

Mailing Address **11919 RENTAL ACCOUNT**
14 LAKE BAY

City **ST PAUL** State **MN** Zip Code **55127**

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt **01 / 09 / 2014**
Transaction ID : **SA11AI.5349**

Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial)
THOMAS RICE

Mailing Address **11919 RENTAL ACCOUNT**
14 LAKE BAY

City **ST PAUL** State **MN** Zip Code **55127**

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

Name of Employer Occupation
CHIROPRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : **SA11AI.5422**

Amount of Each Receipt this Period **200.00**

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

Mailing Address **105 CEDAR BLUFF DR**

City **FAIRMONT** State **MN** Zip Code **56301**

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

Name of Employer Occupation
MN STATE SENATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 17 / 2014**
Transaction ID : **SA11AI.5367**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**

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

14020694717

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 19 OF 35
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
TOM SCHMIDT

Mailing Address **10551 165TH ST W**

City **LAKEVILLE** State **MN** Zip Code **55044**

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

Name of Employer **LIFE WELLNESS CENTER** Occupation **DC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : **SA11AI.5267**

Amount of Each Receipt this Period
250.00

CC

B. Full Name (Last, First, Middle Initial)
DAVID SINGER

Mailing Address **401 YELVINGTON AVE**

City **CLEARWATER** State **FL** Zip Code **33755**

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

Name of Employer **DAVID SINGER ENTERPRISES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : **SA11AI.5261**

Amount of Each Receipt this Period
1000.00

CC

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

Mailing Address **125 DELAWARE AVENUE**

City **PALMERTON** State **PA** Zip Code **18071**

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

Name of Employer Occupation **DC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2014

Transaction ID : **SA11AI.5396**

Amount of Each Receipt this Period
100.00

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

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

1350.00

14020694718

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 35
(check only one)

11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
MICHAEL WAGNER

Mailing Address **4059 HIGHLAND AVE**

City **WHITE BEAR LAKE** State **MN** Zip Code **55110**

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

Name of Employer **SELF EMPLOYED- WAGNER COMPANIE** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
02 / 20 / 2014

Transaction ID : **SA11AI.5249**

Amount of Each Receipt this Period
2000.00

CC

B. Full Name (Last, First, Middle Initial)
SUSAN WINGERT

Mailing Address **855 VILLAGE CENTER DR**

City **SAINT PAUL** State **MN** Zip Code **55127**

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

Name of Employer **PEDIATRIC HOME SERVICES, INC** Occupation **CHIROPRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
01 / 06 / 2014

Transaction ID : **SA11AI.5350**

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

2500.00

22869.03

14020694719

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 35
(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. Full Name (Last, First, Middle Initial)
Rep. JAMES J ABELER

Mailing Address **600 EAST MAIN STREET**

City **ANOKA** State **MN** Zip Code **55303**

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

Name of Employer **ABELER CHIROPRACTIC** Occupation **CHIROPRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **683.00**

Date of Receipt
03 / 12 / 2014

Transaction ID : **SA13A.5558**

Amount of Each Receipt this Period
548.00

LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

548.00

548.00

14020694720

**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 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. JENNIFER EILTS		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 802 W MARYLAND AVE		Amount of Each Disbursement this Period 363.00 Transaction ID : SB17.5468
City SAINT PAUL State MN Zip Code 55117	Purpose of Disbursement REIMBURSE FOR SHIPPING AND POSTAGE (202.33) HP TONER OFFICEMAX (160.67) Candidate Name ABELER4SENATE Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District:	

Full Name (Last, First, Middle Initial) B. JENNIFER EILTS		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 802 W MARYLAND AVE		Amount of Each Disbursement this Period 124.34 Transaction ID : SB17.5472
City SAINT PAUL State MN Zip Code 55117	Purpose of Disbursement REIMBURSE FOR FUEL AT SA (52.12) AND SHIPPING AND POSTAGE (72.22) Candidate Name ABELER4SENATE Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District:	

Full Name (Last, First, Middle Initial) C. ENDLESS SKY PRODUCTIONS		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 2751 HENNEPIN AVE S #32		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5438
City MINNEAPOLIS State MN Zip Code 55408	Purpose of Disbursement FIRESIDE CHAT PRODUCTION Candidate Name ABELER4SENATE Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District:	

SUBTOTAL of Disbursements This Page (optional).....	987.34
TOTAL This Period (last page this line number only).....	

14020694721

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. ENDLESS SKY PRODUCTIONS		Date of Disbursement
Mailing Address 2751 HENNEPIN AVE S #32		MM / DD / YYYY 01 / 16 / 2014
City	State	Zip Code
MINNEAPOLIS	MN	55408
Purpose of Disbursement WHITEBOARD VIDEO PRODUCTION		Amount of Each Disbursement this Period
Candidate Name ABELER4SENATE		Transaction ID : SB17.5444
Office Sought:	Disbursement For: 2014	Category/ Type
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	004
State: MN	District:	

Full Name (Last, First, Middle Initial) B. ENDLESS SKY PRODUCTIONS		Date of Disbursement
Mailing Address 2751 HENNEPIN AVE S #32		MM / DD / YYYY 01 / 22 / 2014
City	State	Zip Code
MINNEAPOLIS	MN	55408
Purpose of Disbursement GARAGE TALK VIDEO PRODUCTION		Amount of Each Disbursement this Period
Candidate Name ABELER4SENATE		Transaction ID : SB17.5446
Office Sought:	Disbursement For: 2014	Category/ Type
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	004
State: MN	District:	

Full Name (Last, First, Middle Initial) C. ENDLESS SKY PRODUCTIONS		Date of Disbursement
Mailing Address 2751 HENNEPIN AVE S #32		MM / DD / YYYY 01 / 30 / 2014
City	State	Zip Code
MINNEAPOLIS	MN	55408
Purpose of Disbursement PRODUCE LOCATION INTERVIEWS		Amount of Each Disbursement this Period
Candidate Name ABELER4SENATE		Transaction ID : SB17.5454
Office Sought:	Disbursement For: 2014	Category/ Type
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	004
State: MN	District:	

SUBTOTAL of Disbursements This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

14020694722

**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 24 OF 35
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. KIRKPATRICK COMUNIATIONS		Date of Disbursement MM / DD / YYYY 01 / 26 / 2014
Mailing Address 14622 Waco Street NW		Amount of Each Disbursement this Period 1755.00 Transaction ID : SB17.5477
City ANOKA State MN Zip Code 55303	Purpose of Disbursement RADIO AND NEWSPAPE ADVERTISING Category/Type 004	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

Full Name (Last, First, Middle Initial) B. KIRKPATRICK COMUNIATIONS		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 14622 Waco Street NW		Amount of Each Disbursement this Period 625.00 Transaction ID : SB17.5479
City ANOKA State MN Zip Code 55303	Purpose of Disbursement RADIO ADS Category/Type 004	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

Full Name (Last, First, Middle Initial) C. ERIC MARQUARDT		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 8944 DYRUD LN		Amount of Each Disbursement this Period 64.22 Transaction ID : SB17.5440
City OSAKIS State MN Zip Code 56360	Purpose of Disbursement REIMBURSE FOR EPSON INK- OFFICEMAX Category/Type 006	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

SUBTOTAL of Disbursements This Page (optional).....	2444.22
TOTAL This Period (last page this line number only).....	

14020694723

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. ERIC MARQUARDT		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014	
Mailing Address 8944 DYRUD LN		Amount of Each Disbursement this Period 653.75	
City OSAKIS	State MN	Zip Code 56360	Transaction ID : SB17.5562
Purpose of Disbursement In-kind - RENT - ALEXANDRIA		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ERIC MARQUARDT		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014	
Mailing Address 8944 DYRUD LN		Amount of Each Disbursement this Period 131.14	
City OSAKIS	State MN	Zip Code 56360	Transaction ID : SB17.5450
Purpose of Disbursement REIMBURSE FOOD PIZZA MAN, OFFICE MAX MISC. OFFICE SUPPLY, POSTAGE		Category/ Type 006	
Candidate Name ABELER4SENATE		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: MN District:		<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ERIC MARQUARDT		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 8944 DYRUD LN		Amount of Each Disbursement this Period 125.05	
City OSAKIS	State MN	Zip Code 56360	Transaction ID : SB17.5456
Purpose of Disbursement REIMBURSE FOR POSTAGE AND FOOD FROM MIKES		Category/ Type 006	
Candidate Name ABELER4SENATE		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: MN District:		<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)

909.94

TOTAL This Period (last page this line number only)

14020694724

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. ERIC MARQUARDT		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 8944 DYRUD LN		Amount of Each Disbursement this Period 33.73 Transaction ID : SB17.5486
City OSAKIS	State MN	
Zip Code 56360		Category/ Type 006
Purpose of Disbursement REIMBURSE EPSON INK OFFICEMAX		
Candidate Name ABELER4SENATE		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District:	

Full Name (Last, First, Middle Initial) B. LINDA MARQUARDT		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 1602 ASH STREET		Amount of Each Disbursement this Period 711.08 Transaction ID : SB17.5566
City ALEXANDRIA	State MN	
Zip Code 56308		Category/ Type
Purpose of Disbursement In-kind - RENT - ALEXANDRIA		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. MICHAEL MARQUARDT		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 1602 ASH STREET		Amount of Each Disbursement this Period 699.20 Transaction ID : SB17.5564
City ALEXANDRIA	State MN	
Zip Code 56308		Category/ Type
Purpose of Disbursement In-kind - RENT - ALEXANDRIA		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1444.01
TOTAL This Period (last page this line number only).....	

14020694725

**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 27 OF 35
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. MNGOP		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 525 PARK STREET SUITE 250		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.5482
City SAINT PAUL State MN Zip Code 55103	Purpose of Disbursement CONVENTION EXPENSES Category/Type 007	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

Full Name (Last, First, Middle Initial) B. OC TANNER		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1930 S State St		Amount of Each Disbursement this Period 337.77 Transaction ID : SB17.5478
City Salt Lake City State MN Zip Code 84115	Purpose of Disbursement PROMOTIONAL PINS Category/Type 003	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

Full Name (Last, First, Middle Initial) C. PRESTO GRAPHICS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2014
Mailing Address 848 E River Rd		Amount of Each Disbursement this Period 1908.68 Transaction ID : SB17.5453
City ANOKA State MN Zip Code 55303	Purpose of Disbursement PRINTING AND MAILING Category/Type 001	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

SUBTOTAL of Disbursements This Page (optional).....	3896.45
TOTAL This Period (last page this line number only).....	

14020694726

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. PRESTO GRAPHICS		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014	
Mailing Address 848 E River Rd		Amount of Each Disbursement this Period 281.82	
City ANOKA	State MN	Zip Code 55303	Transaction ID : SB17.5465
Purpose of Disbursement INKJET MAILING ADDRESS PRINTING		Category/ Type 004	
Candidate Name ABELER4SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District:		

Full Name (Last, First, Middle Initial) B. PRESTO GRAPHICS		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 848 E River Rd		Amount of Each Disbursement this Period 733.27	
City ANOKA	State MN	Zip Code 55303	Transaction ID : SB17.5487
Purpose of Disbursement INKJET ADDRESS PRINTING		Category/ Type 003	
Candidate Name ABELER4SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2014	
Mailing Address 2168 7TH AVE N		Amount of Each Disbursement this Period 2479.83	
City ANOKA	State MN	Zip Code 55303	Transaction ID : SB17.5451
Purpose of Disbursement POSTAGE		Category/ Type 003	
Candidate Name ABELER4SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District:		

SUBTOTAL of Disbursements This Page (optional).....	3494.92
TOTAL This Period (last page this line number only).....	

14020694727

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2168 7TH AVE N		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.5457
City ANOKA State MN Zip Code 55303	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 2168 7TH AVE N		Amount of Each Disbursement this Period 768.35 Transaction ID : SB17.5463
City ANOKA State MN Zip Code 55303	Purpose of Disbursement POSTAGE 003 Category/Type	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 2168 7TH AVE N		Amount of Each Disbursement this Period 651.00 Transaction ID : SB17.5467
City ANOKA State MN Zip Code 55303	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name ABELER4SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN District:		

SUBTOTAL of Disbursements This Page (optional).....	1425.10
TOTAL This Period (last page this line number only).....	

14020694728

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 2168 7TH AVE N		Amount of Each Disbursement this Period 593.90
City ANOKA State MN Zip Code 55303	Purpose of Disbursement POSTAGE	Transaction ID : SB17.5473
Candidate Name ABELER4SENATE	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 2168 7TH AVE N		Amount of Each Disbursement this Period 594.83
City ANOKA State MN Zip Code 55303	Purpose of Disbursement POSTAGE	Transaction ID : SB17.5480
Candidate Name ABELER4SENATE	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

Full Name (Last, First, Middle Initial) C. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 1444.00
City OSAKIS State MN Zip Code 56360	Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES	Transaction ID : SB17.5439
Candidate Name ABELER4SENATE	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

SUBTOTAL of Disbursements This Page (optional)	2632.73
TOTAL This Period (last page this line number only)	

14020694729

**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 31 OF 35

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 1678.00
City OSAKIS	State MN	Zip Code 56360
Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES		Transaction ID : SB17.5441
Candidate Name ABELER4SENATE		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District:	

Full Name (Last, First, Middle Initial) B. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 01 / 18 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 2832.90
City OSAKIS	State MN	Zip Code 56360
Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES		Transaction ID : SB17.5445
Candidate Name ABELER4SENATE		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District:	

Full Name (Last, First, Middle Initial) C. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 2704.12
City OSAKIS	State MN	Zip Code 56360
Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES		Transaction ID : SB17.5447
Candidate Name ABELER4SENATE		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District:	

SUBTOTAL of Disbursements This Page (optional).....	7215.02
TOTAL This Period (last page this line number only).....	

14020694730

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

A. WORLD DATA CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address **8944 DYRUD LANE**

City **OSAKIS** State **MN** Zip Code **56360**

Purpose of Disbursement
ADMINISTRATIVE AND DATA SERVICES

Candidate Name
ABELER4SENATE

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: **MN** District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
1697.00

Transaction ID : **SB17.5455**

Category/Type
001

B. WORLD DATA CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address **8944 DYRUD LANE**

City **OSAKIS** State **MN** Zip Code **56360**

Purpose of Disbursement
ADMINISTRATIVE AND DATA SERVICES

Candidate Name
ABELER4SENATE

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: **MN** District:

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period
1757.50

Transaction ID : **SB17.5459**

Category/Type
001

C. WORLD DATA CORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address **8944 DYRUD LANE**

City **OSAKIS** State **MN** Zip Code **56360**

Purpose of Disbursement
ADMINISTRATIVE AND DATA SERVICES

Candidate Name
ABELER4SENATE

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: **MN** District:

Date of Disbursement
MM / DD / YYYY
02 / 14 / 2014

Amount of Each Disbursement this Period
2396.00

Transaction ID : **SB17.5460**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... **5850.50**

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

14020694731

**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 33 OF 35

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

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NAME OF COMMITTEE (in Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5466
City OSAKIS	State MN	
Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES		Category/ Type 001
Candidate Name ABELER4SENATE		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

Full Name (Last, First, Middle Initial) B. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5474
City OSAKIS	State MN	
Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES		Category/ Type 001
Candidate Name ABELER4SENATE		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

Full Name (Last, First, Middle Initial) C. WORLD DATA CORPORATION		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 940.00 Transaction ID : SB17.5560
City OSAKIS	State MN	
Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES		Category/ Type 001
Candidate Name ABELER4SENATE		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

SUBTOTAL of Disbursements This Page (optional).....	2340.00
TOTAL This Period (last page this line number only).....	

14020694732

**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 34 OF 35

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

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NAME OF COMMITTEE (In Full)
ABELER4SENATE

Full Name (Last, First, Middle Initial) A. WORLD DATA CORPORATION		Date of Disbursement MEM / D D / Y Y Y Y Y 03 / 20 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 697.60
City OSAKIS State MN Zip Code 56360	Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES	Transaction ID : SB17.5481
Candidate Name ABELER4SENATE	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

Full Name (Last, First, Middle Initial) B. WORLD DATA CORPORATION		Date of Disbursement MEM / D D / Y Y Y Y Y 03 / 28 / 2014
Mailing Address 8944 DYRUD LANE		Amount of Each Disbursement this Period 470.00
City OSAKIS State MN Zip Code 56360	Purpose of Disbursement ADMINISTRATIVE AND DATA SERVICES	Transaction ID : SB17.5488
Candidate Name ABELER4SENATE	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MEM / D D / Y 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1167.60
TOTAL This Period (last page this line number only).....	34857.83

14020694733

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)
ABELER4SENATE

Transaction ID : **SC/10.5558**

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

[PERSONAL FUNDS]

Election: 2014

Rep. JAMES J ABELER

Primary
 General
 Other (specify) ▼

Mailing Address
600 EAST MAIN STREET

City State ZIP Code
ANOKA MN 55303

Original Amount of Loan 548.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 548.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: MM / DD / YYYY **03 / 12 / 2014** Date Due: MM / DD / YYYY **12/1/2014** Interest Rate: **0.00** % (apr) Secured: 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)...

548.00

TOTALS This Period (last page in this line only) ..

548.00

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

14020694734

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USPS TRACKING #
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 7690-17-000-0669

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 Dr. Jim Abeler
 600 E. Main St.
 Anoka, MN 55303

TO *Secretary of Senate*
Office of Public Records
P.O. Box 77578

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

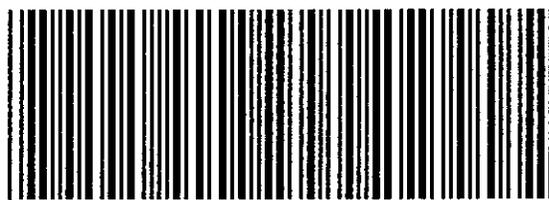
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

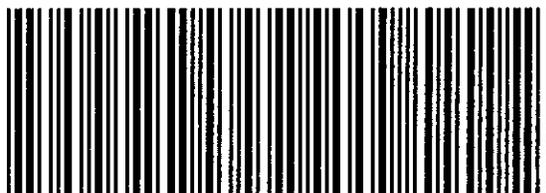
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 9/15/14

14020694736



SEN PATCH



SEN PATCH

14020694737