

# 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

Nolan for Congress Volunteer Committee

ADDRESS (number and street)

PO Box 1041

Check if different than previously reported. (ACC)

Brainerd

MN

56401

2. **FEC IDENTIFICATION NUMBER**

C C00499053

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MN

08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
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 James A. DeChaine

Signature of Treasurer James A. DeChaine

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 15 / 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)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Nolan for Congress Volunteer Committee**

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

|   | 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))....   | 249083.10               | 813938.31                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 2005.00                 | 8762.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 247078.10               | 805176.31                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 94815.79                | 376906.71                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 16689.44                | 16692.23                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 78126.35                | 360214.48                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 478215.97               |                                    |
| 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)..... | 23313.36                |                                    |

**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

**Nolan for Congress Volunteer Committee**

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

| I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                    |
| (i) Itemized (use Schedule A).....  | 92175.00                      | 279891.31                          |
| (ii) Unitemized.....  | 30684.77                      | 97875.73                           |
| (iii) TOTAL of contributions from individuals ▶   | 122859.77                     | 377767.04                          |
| (b) Political Party Committees.....   | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....  | 126223.33                     | 436171.27                          |
| (d) The Candidate.....  | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..              | 249083.10                     | 813938.31                          |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....  | 0.00                          | 0.00                               |
| 13. LOANS:  |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....  | 0.00                          | 0.00                               |
| (b) All Other Loans.....  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....  | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                                | 16689.44                      | 16692.23                           |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....   | 0.00                          | 0.00                               |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 265772.54                     | 830630.54                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 94815.79                      | 376906.71                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 2005.00                       | 3262.00                            |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 5500.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 2005.00                       | 8762.00                            |
| 21. OTHER DISBURSEMENTS .....  | 5737.00                       | 31769.67                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 102557.79                     | 417438.38                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 315001.22 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 265772.54 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 580773.76 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 102557.79 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 478215.97 |

**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 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Georgia L. Anderson**

Mailing Address **PO Box 365**

City State Zip Code  
Center City MN 55012-0365

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : C10239609**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Wendy Baldinger**

Mailing Address **1147 Orchard Cir**

City State Zip Code  
Saint Paul MN 55118-4146

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

Name of Employer Occupation  
Self Children's Entertainer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 09 / 2014**

**Transaction ID : C10188126**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Berkley W. Bedell**

Mailing Address **160 Moorings Park Dr  
# J506**

City State Zip Code  
Naples FL 34105-2121

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : C10207109**

Amount of Each Receipt this Period  
**400.00**

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

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

**950.00**

**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 6 OF 139 |
|   | <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 |               |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Berkley W. Bedell**

Mailing Address 160 Moorings Park Dr  
# J506

City Naples State FL Zip Code 34105-2121

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  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C10207108**

Amount of Each Receipt this Period  
1600.00

**B.** Full Name (Last, First, Middle Initial)  
**Ford W. Bell**

Mailing Address 7412 Brickyard Rd

City Potomac State MD Zip Code 20854-4811

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

Name of Employer American Alliance of Museums Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : C10233728**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**David A. Bieging**

Mailing Address 7613 Range Rd

City Alexandria State VA Zip Code 22306-2425

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : C10205312**

Amount of Each Receipt this Period  
500.00

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

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

2850.00

**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 139 |
|   | <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 |               |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Bonnie Blodgett**

Mailing Address 1 Crocus HI

City Saint Paul State MN Zip Code 55102-2809

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

Name of Employer self Occupation writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : C10194556**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**John R. Brimsek**

Mailing Address 2508 Fallsmere Ct

City Falls Church State VA Zip Code 22043-3234

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

Name of Employer Law Office of John R Brimsek, PC Occupation Lawyer/Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 15 / 2014**

**Transaction ID : C10202945**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Karen Burthwick**

Mailing Address 22736 County Road 434

City Bovey State MN Zip Code 55709-8392

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 **275.00**

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

**Transaction ID : C10298165**

Amount of Each Receipt this Period  
**25.00**

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

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

**625.00**

**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 8 OF 139 |
|   | <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"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ann C. Ciresi**

Mailing Address 222 2nd St SE  
Apt 1601

City Minneapolis State MN Zip Code 55414-5182

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : C10211918**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Ann C. Ciresi**

Mailing Address 222 2nd St SE  
Apt 1601

City Minneapolis State MN Zip Code 55414-5182

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : C10211920**

Amount of Each Receipt this Period  
1400.00

**C.** Full Name (Last, First, Middle Initial)  
**Jackie M. Clegg Dodd**

Mailing Address 8 7th St NE

City Washington State DC Zip Code 20002-6022

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

Name of Employer Self-Employed Occupation Business Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : C10250878**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

**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 139 |
|   | <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 |               |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Conlan**

Mailing Address 518 E Oxford St

City Duluth State MN Zip Code 55803-2140

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : C10213546**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**John F. Crinklaw**

Mailing Address 425 Cheyenne Trl

City Wayzata State MN Zip Code 55391-9137

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

Name of Employer Crown Bank-Minneapolis Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 09 / 2014**

**Transaction ID : C10188124**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas A. Daschle**

Mailing Address 2830 Foxhall Rd. NW

City Washington State DC Zip Code 20007

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

Name of Employer DLA Piper Occupation Senior Policy Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : C10239592**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2200.00**

**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 10 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James A. DeChaine**

Mailing Address 3080 Tudor Hall Rd

City State Zip Code  
Riva MD 21140-1324

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221177**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James J. DeMay**

Mailing Address 5 Ironwood Ln

City State Zip Code  
North Oaks MN 55127-2606

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

Name of Employer Occupation  
Pfizer Inc. Public Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : C10232296**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas J. Downey**

Mailing Address 1225 I St NW  
Ste 600

City State Zip Code  
Washington DC 20005-5960

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

Name of Employer Occupation  
Downey McGrath Group, Inc. Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : C10257833**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

**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 11 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James R. Fisher**

Mailing Address 9365 Oxbow Rd

City State Zip Code  
Zim MN 55738-8114

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : C10230060**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Beverly N. Fitzgerald**

Mailing Address 174 Bank St SE

City State Zip Code  
Minneapolis MN 55414-1042

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2014

**Transaction ID : C10221181**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald R. Fosnacht**

Mailing Address 4851 Adrian Ln

City State Zip Code  
Hermantown MN 55811-3947

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

Name of Employer Occupation  
University of Minnesota Duluth Research Dir

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2014

**Transaction ID : C10213543**

Amount of Each Receipt this Period  
100.00

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

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

500.00

**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 12 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas W. Franchot III**

Mailing Address 2040 W Wayzata Blvd  
Apt 317

City Long Lake State MN Zip Code 55356-5606

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

Name of Employer Franchot & Associates, Inc. Occupation Exec Search Consultant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : C10188125**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Frandsen**

Mailing Address 5481 Saint Croix Trl  
Ste 200

City North Branch State MN Zip Code 55056-6130

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

Name of Employer Frandsen Corporation Occupation CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
295.00

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

**Transaction ID : C10298197**

Amount of Each Receipt this Period  
195.00

**C.** Full Name (Last, First, Middle Initial)  
**Harold A. Frederick**

Mailing Address 1030 Missouri Ave

City Duluth State MN Zip Code 55811-4922

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

Name of Employer Fryberger, Buchanan, Smith and Frederi Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : C10213564**

Amount of Each Receipt this Period  
500.00

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

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

1695.00

**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 13 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**John Fruth**

Mailing Address 2600 Lyon St

City San Francisco State CA Zip Code 94123-3806

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C10235801**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**John Fruth**

Mailing Address 2600 Lyon St

City San Francisco State CA Zip Code 94123-3806

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C10235108**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Jane W. Gruenhagen**

Mailing Address 12068 Scenic River Dr

City Baxter State MN Zip Code 56425-8399

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

Name of Employer Premier - Sotheby's International Realt Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221184**

Amount of Each Receipt this Period  
250.00

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

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

5450.00

**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 14 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Dennis Hallberg</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014 |
| Mailing Address 970 Cape Marco Dr<br>Unit 2002  |                                  | <b>Transaction ID : C10213596</b>                        |
| City<br>Marco Island  | State<br>FL                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00             |
| Name of Employer<br>Lakehead Constructors   | Occupation<br>President          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Bill J Hansen Sr.</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 29 / 2014 |
| Mailing Address P. O. Box 530   |                                   | <b>Transaction ID : C10193641</b>                        |
| City<br>Walker  | State<br>MN                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>100.00             |
| Name of Employer<br>Not employed  | Occupation<br>Not employed        |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1300.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>William M. Heaney</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014 |
| Mailing Address 940 44th Ave NE<br>Unit 21067   |  | <b>Transaction ID : C10221142</b>                        |
| City<br>Columbia Heights  | State<br>MN                            |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>IBEW MN State Council   | Occupation<br>Leg & Political Director |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00      |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> 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 15 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Theresa G. Hill**

Mailing Address 5425 Pineview Ln N

City Plymouth State MN Zip Code 55442-1704

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

Name of Employer Kids for Saving Earth Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221155**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Theresa G. Hill**

Mailing Address 5425 Pineview Ln N

City Plymouth State MN Zip Code 55442-1704

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

Name of Employer Kids for Saving Earth Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

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

**Transaction ID : C10239601**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Alan Hodnik**

Mailing Address 4909 Wildrose Trl

City Duluth State MN Zip Code 55811-3782

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

Name of Employer Allete Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

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

**Transaction ID : C10239594**

Amount of Each Receipt this Period  
**2600.00**

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

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

**2800.00**

**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 16 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Margeret L. Hodnik**

Mailing Address 1811 Tyrol St

City Duluth State MN Zip Code 55811

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

Name of Employer Minnesota Power Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10232691**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 320.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Hollenhorst**

Mailing Address 100 3rd Ave S  
Unit 602

City Minneapolis State MN Zip Code 55401-2702

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

Name of Employer self-employed Occupation consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221186**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Wally Holt**

Mailing Address 3612 E 3rd St

City Duluth State MN Zip Code 55804-1814

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

Name of Employer Essentia Health Occupation Neurologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : C10213050**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 17 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas A. Jakel**

Mailing Address 8741 Wolf Rd

City Iron State MN Zip Code 55751-8225

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10232692**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 800.00

**B.** Full Name (Last, First, Middle Initial)  
**Valerie J. Jerich**

Mailing Address 166 Stonebridge Rd

City Saint Paul State MN Zip Code 55118-4482

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221136**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 350.00

**C.** Full Name (Last, First, Middle Initial)  
**Valerie J. Jerich**

Mailing Address 166 Stonebridge Rd

City Saint Paul State MN Zip Code 55118-4482

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : C10222723**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 350.00

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

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

850.00

**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 18 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Delia W. Jurek**

Mailing Address 136 Summit Ave

City State Zip Code  
Center City MN 55012-9643

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

Name of Employer Occupation  
Hazelden Foundation Presenter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : C10239621**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Harry P. Kamen**

Mailing Address 910 Park Ave

City State Zip Code  
New York NY 10075-0255

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : C10239729**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Elliot Samuel Kaplan**

Mailing Address 5805 Vernon Ln

City State Zip Code  
Edina MN 55436-2239

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

Name of Employer Occupation  
RKMC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2014

**Transaction ID : C10221178**

Amount of Each Receipt this Period  
2600.00

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

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

2950.00

**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 19 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Roy Karon</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>02 / 28 / 2014 |
| Mailing Address 5107 Spring Oak Ct NE   |                                   | <b>Transaction ID : C10210220</b>                   |
| City<br>Cedar Rapids  | State<br>IA                       |   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2600.00       |
| Name of Employer<br>BVS Performance Systems   | Occupation<br>President           |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5200.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Roy Karon</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>02 / 28 / 2014 |
| Mailing Address 5107 Spring Oak Ct NE   |                                   | <b>Transaction ID : C10210219</b>                   |
| City<br>Cedar Rapids  | State<br>IA                       |   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>3600.00       |
| Name of Employer<br>BVS Performance Systems   | Occupation<br>President           |   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5200.00 |   |

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. William N. Kelly</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2014 |
| Mailing Address 154 Bank St SE  |                                  | <b>Transaction ID : C10226818</b>                   |
| City<br>Minneapolis   | State<br>MN                      |   |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>n/a   | Occupation<br>retired            |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6700.00 |
| <b>TOTAL</b> 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 20 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Richard N. Kleinbaum**

Mailing Address 760 Iglehart Ave

City Saint Paul State MN Zip Code 55104-5539

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

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221165**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**John A. Knapp**

Mailing Address 2193 Sargent Ave

City Saint Paul State MN Zip Code 55105-1130

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

Name of Employer Winthrop & Weinstine, PA Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221164**

Amount of Each Receipt this Period  
**125.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert W. Knighton**

Mailing Address 2011 Featherstone Dr

City Duluth State MN Zip Code 55803-2244

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : C10213586**

Amount of Each Receipt this Period  
**100.00**

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

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

**425.00**

**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 21 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Bettina Kochinke**

Mailing Address 2600 Lyon St

City San Francisco State CA Zip Code 94123-3806

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C10235106**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Bettina Kochinke**

Mailing Address 2600 Lyon St

City San Francisco State CA Zip Code 94123-3806

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C10235803**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrew V. Kozak**

Mailing Address 3104 E Minnehaha Pkwy

City Minneapolis State MN Zip Code 55406-3818

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

Name of Employer North State Advisors Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221157**

Amount of Each Receipt this Period  
100.00

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

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

5300.00

**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 22 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William P. Luther**

Mailing Address 16527 Locust Hills Ter

City Wayzata State MN Zip Code 55391-1936

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

Name of Employer Luther Consulting LLC Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221172**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William P. Luther**

Mailing Address 16527 Locust Hills Ter

City Wayzata State MN Zip Code 55391-1936

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

Name of Employer Luther Consulting LLC Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

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

**Transaction ID : C10255852**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**William J. Mauzy**

Mailing Address 3742 W Calhoun Pkwy

City Minneapolis State MN Zip Code 55410-1117

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

Name of Employer self Occupation lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : C10211923**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 23 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel P. McGowan**

Mailing Address 1715 Pinehurst Ave

City Saint Paul State MN Zip Code 55116-2119

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221156**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**David J. McMillan**

Mailing Address 2724 Greysolon Rd

City Duluth State MN Zip Code 55812-2308

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

Name of Employer Minnesota Power Occupation Executive VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2014**

**Transaction ID : C10191326**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Edith Michalski**

Mailing Address 5035 Lester River Rd

City Duluth State MN Zip Code 55804-3019

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

Name of Employer Arrowhead Abstract and Title Company Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : C10213554**

Amount of Each Receipt this Period  
**350.00**

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

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

**600.00**

**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 24 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Richard R. Miller**

Mailing Address 5340 Hollywood Rd

City Edina State MN Zip Code 55436-1472

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : C10203148**

Amount of Each Receipt this Period  
 1000.00

1750.00

**B.** Full Name (Last, First, Middle Initial)  
**Len F. Minars**

Mailing Address 550 Sandhurst Dr W Apt 101

City Roseville State MN Zip Code 55113-4662

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : C10213500**

Amount of Each Receipt this Period  
 400.00

750.00

**C.** Full Name (Last, First, Middle Initial)  
**Roger Moe**

Mailing Address 17444 Park Ave SE

City Erskine State MN Zip Code 56535-9238

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221170**

Amount of Each Receipt this Period  
 250.00

250.00

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

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

1650.00

**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 25 OF 139                      |                                    |
|   | <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 |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Robert L. Musgrove**

Mailing Address 19560 Downey Road

City Pine City State MN Zip Code 55063-4970

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

Name of Employer Pine Technical College Occupation college administration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : C10298179**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert S. Nesheim MD**

Mailing Address 5162 London Rd

City Duluth State MN Zip Code 55804-2413

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

Name of Employer Hamm Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : C10213553**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Donald W. Niles**

Mailing Address 1006 2nd St SW

City Wadena State MN Zip Code 56482-1919

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

Name of Employer Niles Law Office, PA Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : C10232557**

Amount of Each Receipt this Period  
**250.00**

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

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

**550.00**

**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 26 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jeske I. Noordergraaf</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 39750 Poor Farm Rd  |                                  | <b>Transaction ID : C10239620</b>                            |
| City<br>North Branch  | State<br>MN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>50.00                  |
| Name of Employer<br>SPP   | Occupation<br>veterinarian       |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>265.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Anne D. Noto</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 27 / 2014 |
| Mailing Address 6705 Queens Chapel Rd   |                                  | <b>Transaction ID : C10233747</b>                            |
| City<br>University Park   | State<br>MD                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00                 |
| Name of Employer<br>Sonosky, Chambers, Sachse, Endreson &   | Occupation<br>Attorney           |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Steven O'Connell</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 10 / 2014 |
| Mailing Address 2400 NE 33rd Ave<br>Apt 111   |                                  | <b>Transaction ID : C10221185</b>                            |
| City<br>Fort Lauderdale   | State<br>FL                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Information Requested   | Occupation<br>Restaurant Manager |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 800.00 |
| <b>TOTAL</b> 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 27 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>James L. Oberstar</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 19 / 2014 |
| Mailing Address 7703 Hidden Meadow Ter  |                                   | <b>Transaction ID : C10205315</b>                        |
| City<br>Potomac   | State<br>MD                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1400.00            |
| Name of Employer<br>Retired   | Occupation<br>Retired             |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>4000.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>James L. Oberstar</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 19 / 2014 |
| Mailing Address 7703 Hidden Meadow Ter  |                                   | <b>Transaction ID : C10205314</b>                        |
| City<br>Potomac   | State<br>MD                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>600.00             |
| Name of Employer<br>Retired   | Occupation<br>Retired             |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>4000.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Nancy L. Odden</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014 |
| Mailing Address 1727 E 1st St   |                                  | <b>Transaction ID : C10213594</b>                        |
| City<br>Duluth  | State<br>MN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>200.00             |
| Name of Employer<br>n/a   | Occupation<br>retired            |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2200.00 |
| <b>TOTAL</b> 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 28 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Olin**

Mailing Address **PO Box 117**

City **Knife River** State **MN** Zip Code **55609-0117**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 22 / 2014**

**Transaction ID : C10206351**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Edward Ongaro**

Mailing Address **109 Waverly Pl**

City **Duluth** State **MN** Zip Code **55803-2422**

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

Name of Employer **St. Louis County** Occupation **Lobbyist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : C10213592**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Diane Pearson**

Mailing Address **2697 County Road 7**

City **Grand Marais** State **MN** Zip Code **55604-2220**

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

Name of Employer **Cook County North Shore Hospital** Occupation **Administrator**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10222119**

Amount of Each Receipt this Period  
**250.00**

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

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

**500.00**

**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 29 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Pechanga Band of Luisneo Mission Indians**

Mailing Address **PO Box 1477**

City **Temecula** State **CA** Zip Code **92593**

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  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : C10189036**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Piper-Bach**

Mailing Address **21013 Starflower Way**

City **Ashburn** State **VA** Zip Code **20147-4701**

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

Name of Employer Occupation  
**National Automobile Dealers Associatio** **VP, Retirement Administrators**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : C10205316**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joan C. Pollitt**

Mailing Address **590 17th Ave S**

City **Naples** State **FL** Zip Code **34102-7407**

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

Name of Employer Occupation  
**Retired** **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 26 / 2014**

**Transaction ID : C10208534**

Amount of Each Receipt this Period  
 300.00

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

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

1800.00

**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 30 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Wayne L. Pulford**

Mailing Address 49 Waterview Drive, Unit #9

City Proctor State MN Zip Code 55810-2402

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

Name of Employer Federal Bureau of Prisons Occupation Electronic Technician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : C10213539**

Amount of Each Receipt this Period  
**20.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mark J. Raabe**

Mailing Address 3300 Circle Hill Rd

City Alexandria State VA Zip Code 22305-1708

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : C10225055**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Brian F. Rice**

Mailing Address 112 Ardmore Dr

City Golden Valley State MN Zip Code 55422-5210

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

Name of Employer Rice, Michels & Walther LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221176**

Amount of Each Receipt this Period  
**500.00**

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

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

**770.00**

**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 31 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Brian F. Rice**

Mailing Address 112 Ardmore Dr

City State Zip Code  
Golden Valley MN 55422-5210

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

Name of Employer Occupation  
Rice, Michels & Walther LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : C10239600**

Amount of Each Receipt this Period  
2100.00

**B.** Full Name (Last, First, Middle Initial)  
**Devin P. Rice**

Mailing Address 5321 Clinton Ave

City State Zip Code  
Minneapolis MN 55419-1427

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

Name of Employer Occupation  
RR Donnelley Capital Markets and Finan Senior VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : C10239599**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**William G. Richard**

Mailing Address 1017 8th St NE

City State Zip Code  
Washington DC 20002-3620

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

Name of Employer Occupation  
Richard Policy Group Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C10205313**

Amount of Each Receipt this Period  
100.00

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

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

2700.00

**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 32 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James P. Riehl**

Mailing Address 3024 E 1st St

City Duluth State MN Zip Code 55812-1913

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

Name of Employer UMD Occupation Professor and Dean

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10210442**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Ryan**

Mailing Address 3019 Johnson St NE

City Minneapolis State MN Zip Code 55418-2255

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

Name of Employer District 77, IAMAW Occupation Union Representative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221171**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Patrick Schoenfelder**

Mailing Address 1515 N 42nd Ave E

City Duluth State MN Zip Code 55804-1466

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : C10230152**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

**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 33 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas R. Schulz**

Mailing Address 27027 County Road 23

City State Zip Code  
Sebeka MN 56477-2118

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

Name of Employer Occupation  
Self Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : C10232307**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael G. Seyfer**

Mailing Address 1101 Valley Dr

City State Zip Code  
Duluth MN 55804-1761

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

Name of Employer Occupation  
HTK Marketing Communications CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 21 / 2014

**Transaction ID : C10191325**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address Chairman Charlie Vig  
2330 Sioux Trl NW

City State Zip Code  
Prior Lake MN 55372-9077

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : C10250880**

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

**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 34 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address Chairman Charlie Vig  
2330 Sioux Trl NW

City Prior Lake State MN Zip Code 55372-9077

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : C10250881**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerry E. Sikorski**

Mailing Address 8255 Crestridge Rd

City Fairfax Station State VA Zip Code 22039-2352

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

Name of Employer Occupation  
Holland & Knight attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : C10236835**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles M Skinner IV**

Mailing Address 316 Harbor Point Cir.

City Duluth State MN Zip Code 55802-2414

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

Name of Employer Occupation  
Lutsen Mountains Corporation Co-President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : C10213595**

Amount of Each Receipt this Period  
500.00

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

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

4100.00

**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 35 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. James Smart</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2014 |
| Mailing Address 701 4th Ave S<br>Ste 201  |  | <b>Transaction ID : C10232311</b>                        |
| City<br>Minneapolis   | State<br>MN                            |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>smart associates ltd  | Occupation<br>designer/ business owner |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00       |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Leslie Spalj</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 20 / 2014 |
| Mailing Address 22320 Beach Rd  |                                  | <b>Transaction ID : C10206146</b>                        |
| City<br>Deerwood  | State<br>MN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>900.00             |
| Name of Employer<br>n/a   | Occupation<br>homemaker          |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>900.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Luke T. Spalj</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 20 / 2014 |
| Mailing Address 22320 Beach Rd  |                                   | <b>Transaction ID : C10205458</b>                        |
| City<br>Deerwood  | State<br>MN                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1700.00            |
| Name of Employer<br>Rice Lake Construction Group  | Occupation<br>Chairman            |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5200.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2850.00 |
| <b>TOTAL</b> 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 36 OF 139 |
|   | <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"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Byron E Starns**

Mailing Address 2279 Riverwood Pl

City Saint Paul State MN Zip Code 55104-5648

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

Name of Employer Stinson Leonard Street Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : C10188122**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Samuel L. Stern**

Mailing Address 175 Game Farm Road N.

City Independence State MN Zip Code 55359-9492

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221135**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary E. Strand**

Mailing Address 33801 446th Pl

City Aitkin State MN Zip Code 56431-5089

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : C10232583**

Amount of Each Receipt this Period  
 200.00

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

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

1400.00

**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 37 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William Strusinski**

Mailing Address 11 Crocus Hill

City Saint Paul State MN Zip Code 55102

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

Name of Employer W. G Struskinski, Inc. Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221162**

Amount of Each Receipt this Period  
**125.00**

**B.** Full Name (Last, First, Middle Initial)  
**Suzanne Sullivan**

Mailing Address 1609 Coastal Hwy  
306 South

City Dewey Beach State DE Zip Code 19971-2365

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

Name of Employer McCann Capitol Advocates Occupation Ex VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : C10205318**

Amount of Each Receipt this Period  
**750.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Tennesen Esq**

Mailing Address 2522 Thomas Ave S

City Minneapolis State MN Zip Code 55405-2344

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

Name of Employer Tenneson Law PLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221169**

Amount of Each Receipt this Period  
**200.00**

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

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

**1075.00**

**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 38 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mark J Thell**

Mailing Address 2553 County Road 3

City Wrenshall State MN Zip Code 55797-9024

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10239728**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**John T. Thomas**

Mailing Address 501 1st St S

City Hackensack State MN Zip Code 56452-2526

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

Name of Employer Self Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10239591**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**John T. Thomas**

Mailing Address 501 1st St S

City Hackensack State MN Zip Code 56452-2526

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

Name of Employer Self Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10239590**

Amount of Each Receipt this Period  
 2600.00

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

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

5450.00

**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 39 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Gloria I. Toivola**

Mailing Address 5999 Taft Rd

City Duluth State MN Zip Code 55803-9459

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10222118**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer VanDerHorst-Larson**

Mailing Address 120 Birch Bluff Rd

City Excelsior State MN Zip Code 55331-8512

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

Name of Employer Vibrant Technologies Occupation CEO/Founder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221173**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Wahman**

Mailing Address 200 Rockridge Cir

City Duluth State MN Zip Code 55804-1857

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : C10200495**

Amount of Each Receipt this Period  
 100.00

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

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

650.00

**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 40 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Roberta B. Walburn**

Mailing Address 110 Bank St SE  
Apt 2002

City Minneapolis State MN Zip Code 55414-3905

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

Name of Employer RKMC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221180**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**David W. Walter**

Mailing Address 2726 Kenilworth Pl

City Minneapolis State MN Zip Code 55405-2324

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

Name of Employer Heartland Realty Investors Inc. Occupation VP, Operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C10230057**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Julie S. Walter**

Mailing Address 4515 Bruce Ave

City Edina State MN Zip Code 55424-1122

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : C10230055**

Amount of Each Receipt this Period  
100.00

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

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

2850.00

**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 41 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Julie S. Walter**

Mailing Address 4515 Bruce Ave

City Edina State MN Zip Code 55424-1122

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
03 / 20 / 2014

**Transaction ID : C10230053**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Matthew J. Walter**

Mailing Address 4515 Bruce Ave

City Edina State MN Zip Code 55424-1122

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

Name of Employer Heartland Realty Investors Inc. Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
03 / 20 / 2014

**Transaction ID : C10230052**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew J. Walter**

Mailing Address 4515 Bruce Ave

City Edina State MN Zip Code 55424-1122

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

Name of Employer Heartland Realty Investors Inc. Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
03 / 20 / 2014

**Transaction ID : C10230051**

Amount of Each Receipt this Period  
100.00

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

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

4900.00

**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 42 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Wayne Wandersee**

Mailing Address 30 Circle Pine Dr

City Mankato State MN Zip Code 56001-4019

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

Name of Employer Wandersees Inc. Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221182**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Rolf E. Westgard**

Mailing Address 1855 Juliet Ave

City Saint Paul State MN Zip Code 55105-1710

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

Name of Employer N/A Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : C10194992**

Amount of Each Receipt this Period  
 450.00

**C.** Full Name (Last, First, Middle Initial)  
**Valrae A. Wolf**

Mailing Address 1056 Chester Park Dr

City Duluth State MN Zip Code 55812-1138

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : C10213561**

Amount of Each Receipt this Period  
 150.00

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

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

650.00

**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 43 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Sophia S. Wyant**

Mailing Address 36797 500th Ln

City Palisade State MN Zip Code 56469-2166

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

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

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

**Transaction ID : C10298193**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Larry R. Couture**

Mailing Address 2009 E Old Shakopee Rd

City Bloomington State MN Zip Code 55425-2163

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

Name of Employer ECOsmarte Technology Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2014**

**Transaction ID : C10239505A**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **22243.31**

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

**Transaction ID : C10239505AB**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

**1100.00**

**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 44 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Arvonne S. Fraser</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2014 |  |
| Mailing Address 110 Bank St SE #503   |                                  | <b>Transaction ID : C10239488A</b>                       |  |
| City<br>Minneapolis   | State<br>MN                      | Zip Code<br>55414  | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                  | * Earmarked Contribution: See Below                      |  |
| Name of Employer<br>none  | Occupation<br>retired            |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ACTBLUE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014                     |  |
| Mailing Address PO Box 382110   |  | <b>Transaction ID : C10239488AB</b>  |  |
| City<br>Cambridge   | State<br>MA                                      | Zip Code<br>02238-2110   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C C00401224   |  | [MEMO ITEM]<br>Note: Above Contribution earmarked through this organization. |  |
| Name of Employer  | Occupation<br>Conduit total listed in Agg. field |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>22243.31               |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bill J Hansen Sr.</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014 |  |
| Mailing Address P. O. Box 530   |                                   | <b>Transaction ID : C10217903A</b>                       |  |
| City<br>Walker  | State<br>MN                       | Zip Code<br>56484  | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   | * Earmarked Contribution: See Below                      |  |
| Name of Employer<br>Not employed  | Occupation<br>Not employed        |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1300.00 |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 600.00        |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Field] |

**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 45 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

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

**Transaction ID : C10217903AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Bill J Hansen Sr.**

Mailing Address **P. O. Box 530**

City **Walker** State **MN** Zip Code **56484**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : C10231705A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : C10231705AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **500.00**

\_\_\_\_\_

**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 46 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Platt T. Hubbell**

Mailing Address 26482 County Road 4

City Nisswa State MN Zip Code 56468-2177

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : C10217932A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22243.31

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

**Transaction ID : C10217932AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Marlene Johnson**

Mailing Address 560 N St SW, Apt N501

City Wasington State DC Zip Code 20024-4632

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

Name of Employer NAFSA: Assn of International Educators Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : C10217683A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

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

1250.00

**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 47 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>ACTBLUE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 02 / 2014                        |
| Mailing Address PO Box 382110   |  | <b>Transaction ID : C10217683AB</b>   |
| City<br>Cambridge   | State<br>MA                                      |   |
| FEC ID number of contributing federal political committee.<br>C C00401224   |  | Amount of Each Receipt this Period<br>250.00  |
| Name of Employer  | Occupation<br>Conduit total listed in Agg. field | <b>[MEMO ITEM]</b><br>Note: Above Contribution earmarked through this organization. |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>22243.31               |   |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Marlene Johnson</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 30 / 2014 |
| Mailing Address 560 N St SW, Apt N501   |                                  | <b>Transaction ID : C10239502A</b>                           |
| City<br>Wasington   | State<br>DC                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>100.00                 |
| Name of Employer<br>NAFSA:Assn of International Educators   | Occupation<br>CEO                | * Earmarked Contribution: See Below                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>350.00 |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>ACTBLUE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 31 / 2014                        |
| Mailing Address PO Box 382110   |  | <b>Transaction ID : C10239502AB</b>   |
| City<br>Cambridge   | State<br>MA                                      |   |
| FEC ID number of contributing federal political committee.<br>C C00401224   |  | Amount of Each Receipt this Period<br>100.00  |
| Name of Employer  | Occupation<br>Conduit total listed in Agg. field | <b>[MEMO ITEM]</b><br>Note: Above Contribution earmarked through this organization. |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>22243.31               |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 100.00 |
| <b>TOTAL</b> 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 48 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James P. Kittler**

Mailing Address 33176 170th Lane

City State Zip Code  
Isle MN 56342-4548

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : C10217666A**

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22243.31

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

**Transaction ID : C10217666AB**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Susan W. Lenfestey**

Mailing Address 1833 Girard Ave. S.

City State Zip Code  
Minneapolis MN 55403-2944

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

Name of Employer Occupation  
none not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2014

**Transaction ID : C10239515A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

125.00

**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 49 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

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

**Transaction ID : C10239515AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Robert W. Mohs**

Mailing Address **3270 North Lake Shore Drive**

City **Chicago** State **IL** Zip Code **60657**

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

Name of Employer **none** Occupation **not employed**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : C10231695A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : C10231695AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **50.00**

\_\_\_\_\_

**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 50 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jeske I. Noordergraaf**

Mailing Address 39750 Poor Farm Rd

City North Branch State MN Zip Code 55056-6288

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

Name of Employer SPP Occupation veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
265.00

Date of Receipt  
01 / 19 / 2014

**Transaction ID : C10191294A**

Amount of Each Receipt this Period  
20.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22243.31

Date of Receipt  
01 / 20 / 2014

**Transaction ID : C10191294AB**

Amount of Each Receipt this Period  
20.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Jeske I. Noordergraaf**

Mailing Address 39750 Poor Farm Rd

City North Branch State MN Zip Code 55056-6288

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

Name of Employer SPP Occupation veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
265.00

Date of Receipt  
02 / 19 / 2014

**Transaction ID : C10213523A**

Amount of Each Receipt this Period  
20.00

\* Earmarked Contribution: See Below

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

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

40.00

**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 51 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 23 / 2014**

**Transaction ID : C10213523AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **20.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Jeske I. Noordergraaf**

Mailing Address **39750 Poor Farm Rd**

City **North Branch** State **MN** Zip Code **55056-6288**

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

Name of Employer **SPP** Occupation **veterinarian**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **265.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : C10236446A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **20.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 23 / 2014**

**Transaction ID : C10236446AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **20.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **20.00**

\_\_\_\_\_

**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 52 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Lynn Peterson**

Mailing Address 10471 state Hwy 25

City Brainerd State MN Zip Code 56401-1401

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

Name of Employer self Occupation health care

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 02 / 2014

**Transaction ID : C10188142A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22243.31

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 05 / 2014

**Transaction ID : C10188142AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Lynn Peterson**

Mailing Address 10471 state Hwy 25

City Brainerd State MN Zip Code 56401-1401

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

Name of Employer self Occupation health care

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

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

**Transaction ID : C10224948A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

200.00

**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 53 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **22243.31**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 09 / 2014**

**Transaction ID : C10224948AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Wayne L. Pulford**

Mailing Address **49 Waterview Drive, Unit #9**

City **Proctor** State **MN** Zip Code **55810-2402**

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

Name of Employer **Federal Bureau of Prisons** Occupation **Electronic Technician**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : C10217738A**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**250.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **22243.31**

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

**Transaction ID : C10217738AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

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\_\_\_\_\_

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 54 OF 139 |
|   | <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"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Phyllis Simon**

Mailing Address 5107 Spring Oak Ct. NE

City Cedar Rapids State IA Zip Code 52411-6790

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

Name of Employer BVS Performanc Systems Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : C10217812A**

Amount of Each Receipt this Period  
2600.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22243.31

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

**Transaction ID : C10217812AB**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Phyllis Simon**

Mailing Address 5107 Spring Oak Ct. NE

City Cedar Rapids State IA Zip Code 52411-6790

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

Name of Employer BVS Performanc Systems Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : C10218017**

Amount of Each Receipt this Period  
2600.00

\* Earmarked Contribution: See Below

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

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

5200.00



**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 56 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ruth E. Stanoch**

Mailing Address 9631 Wyoming Circle

City State Zip Code  
Bloomington MN 55438-1628

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2014

**Transaction ID : C10198723A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22243.31

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

**Transaction ID : C10198723AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Ruth E. Stanoch**

Mailing Address 9631 Wyoming Circle

City State Zip Code  
Bloomington MN 55438-1628

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : C10217743A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

200.00

**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 57 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**22243.31**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 02  |   | 2014    |

**Transaction ID : C10217743AB**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Ruth E. Stanoch**

Mailing Address **9631 Wyoming Circle**

City **Bloomington** State **MN** Zip Code **55438-1628**

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

Name of Employer **Self** Occupation **Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**1400.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 30  |   | 2014    |

**Transaction ID : C10239504A**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**22243.31**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2014    |

**Transaction ID : C10239504AB**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

|        |
|--------|
| 100.00 |
|        |

**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 58 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Judith Lee Stone**

Mailing Address 15 2nd Street NE

City Washington State DC Zip Code 20002

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : C10239490A**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **22243.31**

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

**Transaction ID : C10239490AB**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Benjamin VanderKooi**

Mailing Address 127 E Main, P.O. Box 746

City Luverne State MN Zip Code 56156

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : C10239374A**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

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

**350.00**

**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 59 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

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

**Transaction ID : C10239374AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**John E Wallin**

Mailing Address **8203 Red Oak Road**

City **Pequot Lakes** State **MN** Zip Code **56472-3247**

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

Name of Employer **Self** Occupation **Photographer**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **260.00**

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

**Transaction ID : C10218007A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **22243.31**

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

**Transaction ID : C10218007AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **100.00**

\_\_\_\_\_

**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 60 OF 139 |
|   | <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 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ball Janik LLP**

Mailing Address 101 SW Main St  
Suite 300

City Portland State OR Zip Code 97204-3219

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C10205321**

Amount of Each Receipt this Period  
500.00

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Wallin Farms, LLC**

Mailing Address 8203 Red Oak Rd

City Pequot Lakes State MN Zip Code 56472-3247

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : C10226223**

Amount of Each Receipt this Period  
100.00

LLC - Members below if itemized. Permissible funds.

**C.** Full Name (Last, First, Middle Initial)  
**John E Wallin**

Mailing Address 8203 Red Oak Road

City Pequot Lakes State MN Zip Code 56472-3247

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

Name of Employer Occupation  
Self Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : C10226224**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\*

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

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

600.00

92275.00

**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 61 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**4MA PAC**

Mailing Address **PO BOX 590-464**

City **NEWTON** State **MA** Zip Code **02459**

FEC ID number of contributing federal political committee. **C C00543504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : C10226237**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**8th Congressional District DFL**

Mailing Address **PO Box 494**

City **Hibbing** State **MN** Zip Code **55746**

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  
 M M / D D / Y Y Y Y  
**01 / 23 / 2014**

**Transaction ID : C10189895**

Amount of Each Receipt this Period  
 1000.00

permissible funds

**C.** Full Name (Last, First, Middle Initial)  
**AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **421 AVIATION WAY**

City **FREDERICK** State **MD** Zip Code **21701**

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C10239745**

Amount of Each Receipt this Period  
 2000.00

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

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

3500.00

**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 62 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Aitkin County DFL Central Committee</b>   |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014 |  |
| Mailing Address 38366 State Highway 65  |             | <b>Transaction ID : C10222139</b>                        |  |
| City<br>McGregor  | State<br>MN | Zip Code<br>55760  |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Amount of Each Receipt this Period<br>1000.00            |  |
| Name of Employer<br>Occupation  |             | Permissible Funds  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>1500.00                        |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Aitkin County DFL Club</b>  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |  |
| Mailing Address 31979 299th Pl  |             | <b>Transaction ID : C10239587</b>                        |  |
| City<br>Aitkin  | State<br>MN | Zip Code<br>56431-5247                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Amount of Each Receipt this Period<br>500.00             |  |
| Name of Employer<br>Occupation  |             | Permissible Funds  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>2000.00                        |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ALLETE PAC</b>  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014 |  |
| Mailing Address 30 WEST SUPERIOR STREET   |             | <b>Transaction ID : C10194770</b>                        |  |
| City<br>DULUTH  | State<br>MN | Zip Code<br>55802  |  |
| FEC ID number of contributing federal political committee.<br>C C00142489   |             | Amount of Each Receipt this Period<br>250.00             |  |
| Name of Employer<br>Occupation  |             | Permissible Funds  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>1250.00                        |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00       |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Field] |

**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 63 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION - COPE**

Mailing Address **5025 WISCONSIN AVE NW**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00032995**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

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

**Transaction ID : C10232766**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address **777 6TH STREET, NW SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : C10234283**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

Mailing Address **80 F STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : C10239738**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4000.00**

**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 64 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 SEVENTH STREET, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

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

**Transaction ID : C10257849**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE**

Mailing Address P. O. DRAWER 938

City THIBODAUX State LA Zip Code 70302

FEC ID number of contributing federal political committee. **C C00081414**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : C10239041**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

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

**Transaction ID : C10239739**

Amount of Each Receipt this Period  
5000.00

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

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

8000.00

**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 65 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISE PAC)**

Mailing Address **101 CONSTITUTION AVE. NW  
SUITE 912 WEST**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00414474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 21 / 2014**

**Transaction ID : C10206157**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF PROFESSIONAL FLIGHT ATTENDANTS (APFA PAC) POLITICAL ACTION COMMITTEE**

Mailing Address **1004 W EULESS BLVD**

City **EULESS** State **TX** Zip Code **76040**

FEC ID number of contributing federal political committee. **C C00246421**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : C10233847**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Cass County DFL**

Mailing Address **2653 23rd Ave SW**

City **Pine River** State **MN** Zip Code **56474-4003**

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  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C10298152**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

Permissible Funds

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

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

\_\_\_\_\_

**3000.00**

\_\_\_\_\_

**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 66 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Central Lakes Senior Caucus**

Mailing Address 4203 Tall Timber Trl NW

City Hackensack State MN Zip Code 56452-2266

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

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

**Transaction ID : C10239598**

Amount of Each Receipt this Period  
**100.00**

Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**COMMITTEE FOR LEADERSHIP AND PROGRESS**

Mailing Address PO BOX 31107

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C C00366666**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : C10250883**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address 501 THIRD STREET, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : C10233770**

Amount of Each Receipt this Period  
**2500.00**

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

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

**3600.00**

**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 67 OF 139                     |
| <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND**

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1446.41

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2014    |

**Transaction ID : C10239134**

Amount of Each Receipt this Period  
11.09

\* In-Kind: Credit card fees

**B.** Full Name (Last, First, Middle Initial)  
**COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND**

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1446.41

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 28  |   | 2014    |

**Transaction ID : C10239135**

Amount of Each Receipt this Period  
3.56

\* In-Kind: Credit card fees

**C.** Full Name (Last, First, Middle Initial)  
**COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND**

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1446.41

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2014    |

**Transaction ID : C10239136**

Amount of Each Receipt this Period  
8.68

\* In-Kind: Credit card fees

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

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

23.33

**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 68 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Crow Wing County DFL**

Mailing Address **PO Box 254**

City **Brainerd** State **MN** Zip Code **56401-0254**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : C10232303**

Amount of Each Receipt this Period  
**1000.00**

Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address **601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221199**

Amount of Each Receipt this Period  
**4000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address **PO BOX 1631**

City **BALTIMORE** State **MD** Zip Code **21203**

FEC ID number of contributing federal political committee. **C C00310318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : C10250882**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6000.00**

**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 69 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>D.R.I.V.E. DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATIONAL         |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2014 |
| A. Mailing Address 25 LOUISIANA AVE., NW  |                                    | Transaction ID : C10232713                               |
| City<br>WASHINGTON  | State<br>DC                        |  |
| FEC ID number of contributing federal political committee.<br>C C00032979   |                                    | Amount of Each Receipt this Period<br>5000.00            |
| Name of Employer  | Occupation                         |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>10000.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>DEMOCRATS WIN SEATS (DWS PAC)</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 13 / 2014 |
| B. Mailing Address PO BOX 83142   |                                   | Transaction ID : C10222058                               |
| City<br>GAITHERSBURG  | State<br>MD                       |  |
| FEC ID number of contributing federal political committee.<br>C C00425470   |                                   | Amount of Each Receipt this Period<br>2500.00            |
| Name of Employer  | Occupation                        |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 19 / 2014 |
| C. Mailing Address 600 CORPORATE PARK DRIVE   |                                   | Transaction ID : C10226236                               |
| City<br>ST. LOUIS   | State<br>MO                       |  |
| FEC ID number of contributing federal political committee.<br>C C00219642   |                                   | Amount of Each Receipt this Period<br>2500.00            |
| Name of Employer  | Occupation                        |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00 |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 10000.00 |
| <b>TOTAL</b> 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 70 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : C10188130**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : C10188131**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF CHRIS DODD**

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06117

FEC ID number of contributing federal political committee. **C** C00347310

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : C10233769**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 71 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : C10205346**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HDR, INC. POLITICAL ACTION COMMITTEE (HDR PAC)**

Mailing Address 8404 INDIAN HILLS DRIVE

City OMAHA State NE Zip Code 68114

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : C10239581**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 8404 INDIAN HILLS DRIVE

City OMAHA State NE Zip Code 68114

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : C10239732**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

**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 72 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>House District 11A DFL</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 6999 Reed Ln  |  | <b>Transaction ID : C10239596</b>                            |
| City<br>Kettle River  | State<br>MN                                  | Zip Code<br>55757-8786                                       |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>750.00 |  |
| Name of Employer  | Occupation                                   | Permissible Funds  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>HUMAN RIGHTS CAMPAIGN PAC</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>02 / 19 / 2014 |
| Mailing Address 1640 RHODE ISLAND AVE NW  |   | <b>Transaction ID : C10205350</b>                            |
| City<br>WASHINGTON  | State<br>DC                                   | Zip Code<br>20036  |
| FEC ID number of contributing federal political committee.<br>C C00235853   | Amount of Each Receipt this Period<br>1000.00 |  |
| Name of Employer  | Occupation                                    | Permissible Funds  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br>INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (IPAL)             |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>02 / 26 / 2014 |
| Mailing Address 1750 NEW YORK AVE. NW<br>SUITE 400  |   | <b>Transaction ID : C10208535</b>                            |
| City<br>WASHINGTON  | State<br>DC                                   | Zip Code<br>20006  |
| FEC ID number of contributing federal political committee.<br>C C00027359   | Amount of Each Receipt this Period<br>5000.00 |  |
| Name of Employer  | Occupation                                    | Permissible Funds  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00             |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6750.00 |
| <b>TOTAL</b> 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: PAGE 73 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A. Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

Transaction ID : C10237008

Amount of Each Receipt this Period  
 5000.00

B. Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 STATE AVE. SUITE 565

City State Zip Code  
KANSAS CITY KS 66101

FEC ID number of contributing federal political committee. **C C00005157**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

Transaction ID : C10225514

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 STATE AVE. SUITE 565

City State Zip Code  
KANSAS CITY KS 66101

FEC ID number of contributing federal political committee. **C C00005157**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date  
 4000.00

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

Transaction ID : C10239735

Amount of Each Receipt this Period  
 1000.00

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

7000.00

**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 74 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

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

**Transaction ID : C10232818**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : C10239730**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 49 PAC IUOE LOCAL 49 PAC

Mailing Address 2829 ANTHONY LANE SOUTH

City MINNEAPOLIS State MN Zip Code 55418

FEC ID number of contributing federal political committee. **C** C00418400

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221196**

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: (check only one)  | PAGE 75 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM

**A.** Mailing Address 7234 PARKWAY DRIVE

City HANOVER State MD Zip Code 21076

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500.00

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

**Transaction ID : C10232738**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**JOE PAC**

Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

FEC ID number of contributing federal political committee. **C** C00500637

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : C10237007**

Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA #LIUNA# PAC**

Mailing Address 905 16TH ST., N.W.  
SECOND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C10230130**

Amount of Each Receipt this Period  
 2500.00

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

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

6500.00

**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 76 OF 139                                 |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**LAND O'LAKES, INC., PAC**

Mailing Address **P.O. BOX 64101**

City **ST. PAUL** State **MN** Zip Code **55164**

FEC ID number of contributing federal political committee. **C C00009423**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221193**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**LEECH LAKE PAC LEECH LAKE BAND OF OJIBWE**

Mailing Address **6530 HIGHWAY 2 NW**  
**ATTN: SALLY MORRISON**

City **CASS LAKE** State **MN** Zip Code **56633**

FEC ID number of contributing federal political committee. **C C00381640**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2014**

**Transaction ID : C10191328**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **600.00**

**C.** Full Name (Last, First, Middle Initial)  
**LOCKRIDGE GRINDAL NAUEN POLITICAL FUND**

Mailing Address **100 WASHINGTON AVE SO SUITE 2200**

City **MINNEAPOLIS** State **MN** Zip Code **55401**

FEC ID number of contributing federal political committee. **C C00167916**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10470.27**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2014**

**Transaction ID : C10191329**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00**

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

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

\_\_\_\_\_ **3600.00**

\_\_\_\_\_

**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 77 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7525 RED RIVER ROAD  
 City WAHPETON State ND Zip Code 58075  
 FEC ID number of contributing federal political committee. **C** C00164939  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014  
**Transaction ID : C10233809**  
 Amount of Each Receipt this Period  
 1000.00

**B. Morrison County DFL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12246 95th St.  
 City Little Falls State MN Zip Code 56345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C10239597**  
 Amount of Each Receipt this Period  
 500.00  
 Permissible Funds

**C. MOTORCYCLE PAC OF MINNESOTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8360 SUFFOLK DRIVE  
 City CHANHASSEN State MN Zip Code 55317  
 FEC ID number of contributing federal political committee. **C** C00402768  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C10278211**  
 Amount of Each Receipt this Period  
 1000.00

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

2500.00

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

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

FOR LINE NUMBER: PAGE 78 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

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

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C10205347**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : C10225516**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : C10233748**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 79 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED STATES OF AMERICA BRANCH 9 P.A.L.

Mailing Address 11581 ILEX ST NW

City COON RAPIDS State MN Zip Code 55448

FEC ID number of contributing federal political committee. **C** C00114314

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221195**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET  
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : C10234282**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL FISHERIES INSTITUTE (FISHPAC)

Mailing Address 7918 JONES BRANCH DRIVE  
SUITE 700

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00101204

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : C10211926**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

**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 80 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH STREET NW STE 418

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C10221198**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**POET PAC**

Mailing Address 4615 N LEWIS AVE

City State Zip Code  
SIOUX FALLS SD 57104

FEC ID number of contributing federal political committee. **C C00450692**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : C10239743**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT, AFL-CIO

Mailing Address 815 16TH ST., NW, SUITE 600

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00003160**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : C10226234**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

**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 81 OF 139                                 |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2014

**Transaction ID : C1022230**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1951 SOUTH SATURN WAY  
SUITE 100

City BOISE State ID Zip Code 83709

FEC ID number of contributing federal political committee. **C** C00326389

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : C10233810**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE**

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2014

**Transaction ID : C10226240**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 82 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

Full Name (Last, First, Middle Initial)  
**SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE**

Mailing Address **P O BOX 500**  
  
 City **RENVILLE** State **MN** Zip Code **56284**

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **8500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**  
**Transaction ID : C10226239**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**TO ORGANIZE A MAJORITY PAC (TOMPAC)**

Mailing Address **P.O. BOX 752**  
  
 City **DES MOINES** State **IA** Zip Code **50303**

FEC ID number of contributing federal political committee. **C C00385732**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**  
**Transaction ID : C10197577**

Amount of Each Receipt this Period  
**1500.00**

Full Name (Last, First, Middle Initial)  
**TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address **501 THIRD ST. NW 9TH FLOOR**  
  
 City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00008268**

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**  
**Transaction ID : C10257841**

Amount of Each Receipt this Period  
**5000.00**

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

**7500.00**

**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 83 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 815 16TH ST NW  
4TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : C10226233**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : C10257837**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITE HERE TIP CAMPAIGN COMMITTEE**

Mailing Address 275 7TH AVENUE 11TH FLOOR

City NEW YORK State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : C10257835**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

**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 84 OF 139                     |
| <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)  
**Nolan for Congress Volunteer Committee**

Full Name (Last, First, Middle Initial)  
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

**A.** Mailing Address **THREE PARK PLACE**

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221192**

Amount of Each Receipt this Period  
**2500.00**

Full Name (Last, First, Middle Initial)  
UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

**B.** Mailing Address **1775 K STREET N.W.**

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : C10234284**

Amount of Each Receipt this Period  
**4000.00**

Full Name (Last, First, Middle Initial)  
UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE

**C.** Mailing Address **1156 15TH STREET NW SUITE 1019**

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00063586**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : C10239584**

Amount of Each Receipt this Period  
**1000.00**

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

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

**7500.00**

**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 85 OF 139 |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED STEELWORKERS POLITICAL ACTION FUND**

Mailing Address **FIVE GATEWAY CENTER**

City **PITTSBURGH** State **PA** Zip Code **15222**

FEC ID number of contributing federal political committee. **C C00003590**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C10221201**

Amount of Each Receipt this Period  
 5000.00

**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  
 M M / D D / Y Y Y Y Y Y

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

126223.33

**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 86 OF 139 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>GMMB Inc.</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br><b>01 / 20 / 2014</b> |
| Mailing Address 3050 K St NW<br>Ste 100   |   | <b>Transaction ID : C10189045</b>                                   |
| City<br>Washington  | State Zip Code<br>DC 20007-5108                       |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>16689.44</b> |   |
| Name of Employer  | Occupation  | Media Refund  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>16689.44</b>             |   |

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

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

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>16689.44</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>16689.44</b> |

**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 87 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue Technical Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 23 / 2014                      |
| Mailing Address 14 Arrow St<br>Ste 11  |  | Amount of Each Disbursement this Period<br>0.79<br><b>Transaction ID : D708169</b> |
| City Cambridge   | State MA Zip Code 02138-5106   |  |
| Purpose of Disbursement<br>Service Fees  | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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. ActBlue Technical Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2014                        |
| Mailing Address 14 Arrow St<br>Ste 11  |  | Amount of Each Disbursement this Period<br>518.53<br><b>Transaction ID : D708225</b> |
| City Cambridge   | State MA Zip Code 02138-5106   |  |
| Purpose of Disbursement<br>Service Fees  | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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>C. ActBlue Technical Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2014                       |
| Mailing Address 14 Arrow St<br>Ste 11  |  | Amount of Each Disbursement this Period<br>12.21<br><b>Transaction ID : D708695</b> |
| City Cambridge   | State MA Zip Code 02138-5106   |   |
| Purpose of Disbursement<br>Service Fees  | Category/Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 531.53 |
| <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 88 OF 139                     |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue Technical Services</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2014  |
| Mailing Address 14 Arrow St<br>Ste 11   |   | Amount of Each Disbursement this Period<br>67.91   |
| City<br>Cambridge   | State<br>MA   |  |
| Zip Code<br>02138-5106  | Purpose of Disbursement<br>Service Fees   | 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<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. ActBlue Technical Services</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 23 / 2014  |
| Mailing Address 14 Arrow St<br>Ste 11   |   | Amount of Each Disbursement this Period<br>14.29   |
| City<br>Cambridge   | State<br>MA   |  |
| Zip Code<br>02138-5106  | Purpose of Disbursement<br>Service Fees   | 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<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>C. ActBlue Technical Services</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 05 / 2014  |
| Mailing Address 14 Arrow St<br>Ste 11   |   | Amount of Each Disbursement this Period<br>7.52  |
| City<br>Cambridge   | State<br>MA   |  |
| Zip Code<br>02138-5106  | Purpose of Disbursement<br>Service Fees   | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: District:  |   |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 89.72 |
| <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 89 OF 139                     |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue Technical Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014                      |
| Mailing Address 14 Arrow St<br>Ste 11  |  | Amount of Each Disbursement this Period<br>1.49<br><b>Transaction ID : D705195</b> |
| City Cambridge   | State MA Zip Code 02138-5106   |  |
| Purpose of Disbursement<br>Service Fees  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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. ActBlue Technical Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 26 / 2014                      |
| Mailing Address 14 Arrow St<br>Ste 11  |  | Amount of Each Disbursement this Period<br>1.39<br><b>Transaction ID : D706240</b> |
| City Cambridge   | State MA Zip Code 02138-5106   |  |
| Purpose of Disbursement<br>Service Fees  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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>C. ActBlue Technical Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 02 / 2014                       |
| Mailing Address 14 Arrow St<br>Ste 11  |  | Amount of Each Disbursement this Period<br>18.41<br><b>Transaction ID : D706863</b> |
| City Cambridge   | State MA Zip Code 02138-5106   |   |
| Purpose of Disbursement<br>Service Fees  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 21.29 |
| <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 90 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ActBlue Technical Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 09 / 2014 |
| Mailing Address 14 Arrow St<br>Ste 11   |  | Amount of Each Disbursement this Period<br>9.88               |
| City<br>Cambridge   | State<br>MA  |   |
| Zip Code<br>02138-5106  | Purpose of Disbursement<br>Service Fees  | Transaction ID : D707415                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. ActBlue Technical Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 17 / 2014 |
| Mailing Address 14 Arrow St<br>Ste 11   |  | Amount of Each Disbursement this Period<br>1.79               |
| City<br>Cambridge   | State<br>MA  |   |
| Zip Code<br>02138-5106  | Purpose of Disbursement<br>Service Fees  | Transaction ID : D707551                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>C. ActBlue Technical Services</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 14 Arrow St<br>Ste 11   |  | Amount of Each Disbursement this Period<br>226.88             |
| City<br>Cambridge   | State<br>MA  |   |
| Zip Code<br>02138-5106  | Purpose of Disbursement<br>Service Fee   | Transaction ID : D710171                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 238.55 |
| <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 91 OF 139 |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Amazon.Com</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014 |
| Mailing Address PO Box 81226  |  | Amount of Each Disbursement this Period<br>44.64              |
| City<br>Seattle   | State<br>WA  |   |
| Zip Code<br>98108-1300  | Purpose of Disbursement<br>Office supplies   | Transaction ID : D710203                                      |
| 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 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. Amazon.Com</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 26 / 2014 |
| Mailing Address PO Box 81226  |  | Amount of Each Disbursement this Period<br>179.98             |
| City<br>Seattle   | State<br>WA  |   |
| Zip Code<br>98108-1300  | Purpose of Disbursement<br>Office supplies   | Transaction ID : D710204                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |
| Mailing Address 4333 Amon Carter Blvd   |  | Amount of Each Disbursement this Period<br>389.00             |
| City<br>Fort Worth  | State<br>TX  |   |
| Zip Code<br>76155-2605  | Purpose of Disbursement<br>Travel/Airfare  | Transaction ID : D710202                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 613.62 |
| <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 92 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jeff Anderson</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014 |
| Mailing Address PO Box 385  |  | Amount of Each Disbursement this Period<br>1324.77            |
| City<br>Duluth  | State<br>MN  |   |
| Zip Code<br>55801-0385  | Purpose of Disbursement<br>Salary  | Transaction ID : D710222                                      |
| 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 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. Jeff Anderson</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |
| Mailing Address PO Box 385  |  | Amount of Each Disbursement this Period<br>96.00              |
| City<br>Duluth  | State<br>MN  |   |
| Zip Code<br>55801-0385  | Purpose of Disbursement<br>Mileage reimbursement   | Transaction ID : D710223                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Don L. Bye</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014 |
| Mailing Address 1775 County Road 17 SW  |  | Amount of Each Disbursement this Period<br>3000.00            |
| City<br>Pequot Lakes  | State<br>MN  |   |
| Zip Code<br>56472-2214  | Purpose of Disbursement<br>Political consulting fee  | Transaction ID : D710285                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4420.77 |
| <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 93 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Charter Communications</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014                        |
| Mailing Address PO Box 78876   |   | Amount of Each Disbursement this Period<br>255.86<br><b>Transaction ID : D710200</b> |
| City<br>Milwaukee  | State<br>WI   |  |
| Zip Code<br>53278-0001   | Purpose of Disbursement<br>Internet/Cable   | 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<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. Charter Communications</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                        |
| Mailing Address PO Box 78876   |   | Amount of Each Disbursement this Period<br>255.86<br><b>Transaction ID : D710201</b> |
| City<br>Milwaukee  | State<br>WI   |  |
| Zip Code<br>53278-0001   | Purpose of Disbursement<br>Internet/Cable   | 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<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>c. Jacquelyn K. Clinton</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2014                        |
| Mailing Address 315 N 3rd Ave E<br>Apt 206   |   | Amount of Each Disbursement this Period<br>115.00<br><b>Transaction ID : D710294</b> |
| City<br>Duluth   | State<br>MN   |  |
| Zip Code<br>55805-1852   | Purpose of Disbursement<br>Mileage reimbursement  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 626.72 |
| <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 94 OF 139                     |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jacquelyn K. Clinton</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014                        |
| Mailing Address 315 N 3rd Ave E<br>Apt 206  |  | Amount of Each Disbursement this Period<br>935.84<br><b>Transaction ID : D710295</b> |
| City Duluth   | State MN Zip Code 55805-1852   |  |
| Purpose of Disbursement<br>Salary   |  | 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<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. Madeline Coles</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014                       |
| Mailing Address 300 4th St E Apt 207  |  | Amount of Each Disbursement this Period<br>19.95<br><b>Transaction ID : D710255</b> |
| City Saint Paul   | State MN Zip Code 55101-1441   |   |
| Purpose of Disbursement<br>Postage reimbursement  |  | 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<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>c. Kathleen M. Connolly</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014                         |
| Mailing Address 5321 Clinton Avenue South   |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D710268</b> |
| City Minneapolis  | State MN Zip Code 55419  |   |
| Purpose of Disbursement<br>Fundraising consulting fee   |  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3455.79 |
| <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 95 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kathleen M. Connolly</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014 |  |  |
| Mailing Address 5321 Clinton Avenue South   |  |                   | Amount of Each Disbursement this Period<br>4000.00            |  |  |
| City<br>Minneapolis   | State<br>MN  | Zip Code<br>55419 | Transaction ID : D710271                                      |  |  |
| Purpose of Disbursement<br>Fundraising consulting fee   |  | 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<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. Kathleen M. Connolly</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |  |  |
| Mailing Address 5321 Clinton Avenue South   |  |                   | Amount of Each Disbursement this Period<br>4000.00            |  |  |
| City<br>Minneapolis   | State<br>MN  | Zip Code<br>55419 | Transaction ID : D710274                                      |  |  |
| Purpose of Disbursement<br>Fundraising consulting fee   |  | 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<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>c. Kathleen M. Connolly</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |  |  |
| Mailing Address 5321 Clinton Avenue South   |  |                   | Amount of Each Disbursement this Period<br>258.00             |  |  |
| City<br>Minneapolis   | State<br>MN  | Zip Code<br>55419 | Transaction ID : D710275                                      |  |  |
| Purpose of Disbursement<br>Mileage reimbursement  |  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 8258.00 |
| <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 96 OF 139                     |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |                    |   |  |
|---|--------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND</b>                           |                    |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 31 / 2014</b> |
| Mailing Address <b>322 4th St NE</b>  |                    |   | Amount of Each Disbursement this Period<br><b>11.09</b>              |
| City<br><b>Washington</b>   | State<br><b>DC</b> | Zip Code<br><b>20002-5824</b>   | Transaction ID : <b>D710045</b>                                      |
| Purpose of Disbursement<br><b>Credit card fees</b>  |                    | Category/Type   |  |
| Candidate Name  |                    | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |   |  |

|   |                    |   |  |
|---|--------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND</b>                           |                    |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b> |
| Mailing Address <b>322 4th St NE</b>  |                    |   | Amount of Each Disbursement this Period<br><b>3.56</b>               |
| City<br><b>Washington</b>   | State<br><b>DC</b> | Zip Code<br><b>20002-5824</b>   | Transaction ID : <b>D710046</b>                                      |
| Purpose of Disbursement<br><b>Credit card fees</b>  |                    | Category/Type   |  |
| Candidate Name  |                    | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |   |  |

|   |                    |   |  |
|---|--------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND</b>                           |                    |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b> |
| Mailing Address <b>322 4th St NE</b>  |                    |   | Amount of Each Disbursement this Period<br><b>8.68</b>               |
| City<br><b>Washington</b>   | State<br><b>DC</b> | Zip Code<br><b>20002-5824</b>   | Transaction ID : <b>D710047</b>                                      |
| Purpose of Disbursement<br><b>Credit card fees</b>  |                    | Category/Type   |  |
| Candidate Name  |                    | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |   |  |

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>23.33</b> |
| <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 97 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |  |  |
| Mailing Address 1030 Delta Blvd                                     |   |  | Amount of Each Disbursement this Period<br>462.00             |  |  |
| City<br>Atlanta   | State<br>GA   | Zip Code<br>30354-1989   | Transaction ID : D710188                                      |  |  |
| Purpose of Disbursement<br>Travel/Airfare                           |   | Category/<br>Type  |   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<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. Jamie H. Ebert</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014 |  |  |
| Mailing Address 630 N 10th Ave E                                    |   |  | Amount of Each Disbursement this Period<br>971.53             |  |  |
| City<br>Duluth  | State<br>MN   | Zip Code<br>55805-2153   | Transaction ID : D710296                                      |  |  |
| Purpose of Disbursement<br>Salary                                   |   | Category/<br>Type  |   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<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>c. First Data</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2014 |  |  |
| Mailing Address 5565 Glenridge Connector NE, Suite              |   |  | Amount of Each Disbursement this Period<br>13.90              |  |  |
| City<br>Atlanta   | State<br>GA   | Zip Code<br>30342  | Transaction ID : D710257                                      |  |  |
| Purpose of Disbursement<br>Credit card processing fees          |   | Category/<br>Type  |   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1447.43 |
| <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 98 OF 139                     |                                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

**A. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fees

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  
01 / 03 / 2014

Amount of Each Disbursement this Period  
188.38

Transaction ID : D710258

**B. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fees

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  
01 / 03 / 2014

Amount of Each Disbursement this Period  
257.90

Transaction ID : D710259

**C. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fees

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  
02 / 03 / 2014

Amount of Each Disbursement this Period  
18.93

Transaction ID : D710260

**SUBTOTAL** of Disbursements This Page (optional)..... 465.21

**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 99 OF 139 |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)                |  | Date of Disbursement                             |
| A. <b>First Data</b>                                   |  | M M / D D / Y Y Y Y<br>02 / 03 / 2014            |
| Mailing Address 5565 Glenridge Connector NE, Suite     |  | Amount of Each Disbursement this Period<br>37.08 |
| City Atlanta   | State GA Zip Code 30342  |  |
| Purpose of Disbursement<br>Credit card processing fees |  | Transaction ID : D710261                         |
| Candidate Name   |  |  |
| Office Sought:   | Disbursement For: 2014   |  |
| <input type="checkbox"/> House                         | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |  |
| <input type="checkbox"/> Senate                        | <input type="checkbox"/> Other (specify)                                     |  |
| <input type="checkbox"/> President                     |  |  |
| State: District:                                       |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)                |  | Date of Disbursement                              |
| B. <b>First Data</b>                                   |  | M M / D D / Y Y Y Y<br>02 / 03 / 2014             |
| Mailing Address 5565 Glenridge Connector NE, Suite     |  | Amount of Each Disbursement this Period<br>226.88 |
| City Atlanta   | State GA Zip Code 30342  |   |
| Purpose of Disbursement<br>Credit card processing fees |  | Transaction ID : D710262                          |
| Candidate Name   |  |   |
| Office Sought:   | Disbursement For: 2014   |   |
| <input type="checkbox"/> House                         | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate                        | <input type="checkbox"/> Other (specify)                                     |   |
| <input type="checkbox"/> President                     |  |   |
| State: District:                                       |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)               |  | Date of Disbursement                              |
| C. <b>First Data</b>                                  |  | M M / D D / Y Y Y Y<br>03 / 03 / 2014             |
| Mailing Address 5565 Glenridge Connector NE, Suite    |  | Amount of Each Disbursement this Period<br>149.07 |
| City Atlanta  | State GA Zip Code 30342  |   |
| Purpose of Disbursement<br>Credit card processing fee |  | Transaction ID : D710263                          |
| Candidate Name  |  |   |
| Office Sought:  | Disbursement For: 2014   |   |
| <input type="checkbox"/> House                        | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate                       | <input type="checkbox"/> Other (specify)                                     |   |
| <input type="checkbox"/> President                    |  |   |
| State: District:                                      |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 413.03 |
| <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 100 OF 139 |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |           |  |       |                          |         |                          |           |   |       |    |  |      |
|---|-----------|--|-------|--------------------------|---------|--------------------------|-----------|---|-------|----|--|------|
| Full Name (Last, First, Middle Initial)   |           | Date of Disbursement   |       |                          |         |                          |           |   |       |    |  |      |
| A. <b>First Data</b>  |           | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table> | M M   | /                        | D D     | /                        | Y Y Y Y   | 03  |       | 03 |  | 2014 |
| M M   | /         | D D  | /     | Y Y Y Y                  |         |                          |           |   |       |    |  |      |
| 03  |           | 03   |       | 2014                     |         |                          |           |   |       |    |  |      |
| Mailing Address 5565 Glenridge Connector NE, Suite  |           | Amount of Each Disbursement this Period  |       |                          |         |                          |           |   |       |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Atlanta</td> <td>GA</td> <td>30342</td> </tr> </table>  |           | City   | State | Zip Code                 | Atlanta | GA                       | 30342     | <table border="1"> <tr> <td>20.32</td> </tr> </table> | 20.32 |    |  |      |
| City  | State     | Zip Code   |       |                          |         |                          |           |   |       |    |  |      |
| Atlanta   | GA        | 30342  |       |                          |         |                          |           |   |       |    |  |      |
| 20.32   |           |  |       |                          |         |                          |           |   |       |    |  |      |
| Purpose of Disbursement<br>Credit card processing fee   |           | Transaction ID : D710264   |       |                          |         |                          |           |   |       |    |  |      |
| Candidate Name  |           |  |       |                          |         |                          |           |   |       |    |  |      |
| Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> |           | <input type="checkbox"/>   | House | <input type="checkbox"/> | Senate  | <input type="checkbox"/> | President | Category/Type   |       |    |  |      |
| <input type="checkbox"/>  | House     |  |       |                          |         |                          |           |   |       |    |  |      |
| <input type="checkbox"/>  | Senate    |  |       |                          |         |                          |           |   |       |    |  |      |
| <input type="checkbox"/>  | President |  |       |                          |         |                          |           |   |       |    |  |      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |           |  |       |                          |         |                          |           |   |       |    |  |      |
| State: District:  |           |  |       |                          |         |                          |           |   |       |    |  |      |

|   |           |  |       |                          |         |                          |           |   |       |    |  |      |
|---|-----------|--|-------|--------------------------|---------|--------------------------|-----------|---|-------|----|--|------|
| Full Name (Last, First, Middle Initial)   |           | Date of Disbursement   |       |                          |         |                          |           |   |       |    |  |      |
| B. <b>First Data</b>  |           | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table> | M M   | /                        | D D     | /                        | Y Y Y Y   | 03  |       | 03 |  | 2014 |
| M M   | /         | D D  | /     | Y Y Y Y                  |         |                          |           |   |       |    |  |      |
| 03  |           | 03   |       | 2014                     |         |                          |           |   |       |    |  |      |
| Mailing Address 5565 Glenridge Connector NE, Suite  |           | Amount of Each Disbursement this Period  |       |                          |         |                          |           |   |       |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Atlanta</td> <td>GA</td> <td>30342</td> </tr> </table>  |           | City   | State | Zip Code                 | Atlanta | GA                       | 30342     | <table border="1"> <tr> <td>12.50</td> </tr> </table> | 12.50 |    |  |      |
| City  | State     | Zip Code   |       |                          |         |                          |           |   |       |    |  |      |
| Atlanta   | GA        | 30342  |       |                          |         |                          |           |   |       |    |  |      |
| 12.50   |           |  |       |                          |         |                          |           |   |       |    |  |      |
| Purpose of Disbursement<br>Credit card processing fee   |           | Transaction ID : D710265   |       |                          |         |                          |           |   |       |    |  |      |
| Candidate Name  |           |  |       |                          |         |                          |           |   |       |    |  |      |
| Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> |           | <input type="checkbox"/>   | House | <input type="checkbox"/> | Senate  | <input type="checkbox"/> | President | Category/Type   |       |    |  |      |
| <input type="checkbox"/>  | House     |  |       |                          |         |                          |           |   |       |    |  |      |
| <input type="checkbox"/>  | Senate    |  |       |                          |         |                          |           |   |       |    |  |      |
| <input type="checkbox"/>  | President |  |       |                          |         |                          |           |   |       |    |  |      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |           |  |       |                          |         |                          |           |   |       |    |  |      |
| State: District:  |           |  |       |                          |         |                          |           |   |       |    |  |      |

|   |           |  |       |                          |               |                          |            |   |       |    |  |      |
|---|-----------|--|-------|--------------------------|---------------|--------------------------|------------|---|-------|----|--|------|
| Full Name (Last, First, Middle Initial)   |           | Date of Disbursement   |       |                          |               |                          |            |   |       |    |  |      |
| C. <b>Google</b>  |           | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table> | M M   | /                        | D D           | /                        | Y Y Y Y    | 01  |       | 07 |  | 2014 |
| M M   | /         | D D  | /     | Y Y Y Y                  |               |                          |            |   |       |    |  |      |
| 01  |           | 07   |       | 2014                     |               |                          |            |   |       |    |  |      |
| Mailing Address 1600 Amphitheatre Pkwy  |           | Amount of Each Disbursement this Period  |       |                          |               |                          |            |   |       |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Mountain View</td> <td>CA</td> <td>94043-1351</td> </tr> </table>   |           | City   | State | Zip Code                 | Mountain View | CA                       | 94043-1351 | <table border="1"> <tr> <td>45.00</td> </tr> </table> | 45.00 |    |  |      |
| City  | State     | Zip Code   |       |                          |               |                          |            |   |       |    |  |      |
| Mountain View   | CA        | 94043-1351   |       |                          |               |                          |            |   |       |    |  |      |
| 45.00   |           |  |       |                          |               |                          |            |   |       |    |  |      |
| Purpose of Disbursement<br>Website expense  |           | Transaction ID : D710266   |       |                          |               |                          |            |   |       |    |  |      |
| Candidate Name  |           |  |       |                          |               |                          |            |   |       |    |  |      |
| Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> |           | <input type="checkbox"/>   | House | <input type="checkbox"/> | Senate        | <input type="checkbox"/> | President  | Category/Type   |       |    |  |      |
| <input type="checkbox"/>  | House     |  |       |                          |               |                          |            |   |       |    |  |      |
| <input type="checkbox"/>  | Senate    |  |       |                          |               |                          |            |   |       |    |  |      |
| <input type="checkbox"/>  | President |  |       |                          |               |                          |            |   |       |    |  |      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |           |  |       |                          |               |                          |            |   |       |    |  |      |
| State: District:  |           |  |       |                          |               |                          |            |   |       |    |  |      |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 77.82 |
| <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 101 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Google</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 07 / 2014 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>57.24         |
| City<br>Mountain View   | State<br>CA  |  |
| Zip Code<br>94043-1351  | Purpose of Disbursement<br>Website expense   | Transaction ID : D710267                                 |
| 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 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. Google</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2014 |
| Mailing Address 1600 Amphitheatre Pkwy  |  | Amount of Each Disbursement this Period<br>79.63         |
| City<br>Mountain View   | State<br>CA  |  |
| Zip Code<br>94043-1351  | Purpose of Disbursement<br>Website expense   | Transaction ID : D710392                                 |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Honsa-Binder Printing Inc.</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2014 |
| Mailing Address 320 Spruce St   |  | Amount of Each Disbursement this Period<br>1112.42       |
| City<br>Saint Paul  | State<br>MN  |  |
| Zip Code<br>55101-2445  | Purpose of Disbursement<br>Printing expense  | Transaction ID : D710291                                 |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1249.29 |
| <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 102 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hyatt Hotel</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 13 / 2014                         |
| Mailing Address 100 Heron Blvd   |   | Amount of Each Disbursement this Period<br>1400.00<br><b>Transaction ID : D710292</b> |
| City<br>Cambridge  | State<br>MD   |   |
| Zip Code<br>21613-3420   | Purpose of Disbursement<br>Retreat lodging  | 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<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. Lockridge Grindal Nauen</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 28 / 2014                         |
| Mailing Address 100 Washington Avenue South Suite  |   | Amount of Each Disbursement this Period<br>2046.55<br><b>Transaction ID : D710302</b> |
| City<br>Minneapolis  | State<br>MN   |   |
| Zip Code<br>55401  | Purpose of Disbursement<br>Fundraising event expenses   | 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<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>C. Dotti Mavromatis</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2014                         |
| Mailing Address 6 E St SE  |   | Amount of Each Disbursement this Period<br>4000.00<br><b>Transaction ID : D710218</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20003-2611   | Purpose of Disbursement<br>Fundraising consulting fee   | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7446.55 |
| <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 103 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dotti Mavromatis</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 03 / 2014</b>                         |
| Mailing Address <b>6 E St SE</b>                                      |   | Amount of Each Disbursement this Period<br><b>4000.00</b><br><b>Transaction ID : D710219</b> |
| City<br><b>Washington</b>   | State<br><b>DC</b>  |  |
| Zip Code<br><b>20003-2611</b>   | Purpose of Disbursement<br><b>Fundraising consulting fee</b>  | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: <b>2014</b>   | <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. Dotti Mavromatis</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 11 / 2014</b>                        |
| Mailing Address <b>6 E St SE</b>                                      |   | Amount of Each Disbursement this Period<br><b>551.29</b><br><b>Transaction ID : D710220</b> |
| City<br><b>Washington</b>   | State<br><b>DC</b>  |   |
| Zip Code<br><b>20003-2611</b>   | Purpose of Disbursement<br><b>Fundraising/Catering</b>  | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: <b>2014</b>   | <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>C. Dotti Mavromatis</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 04 / 2014</b>                         |
| Mailing Address <b>6 E St SE</b>                                      |   | Amount of Each Disbursement this Period<br><b>4000.00</b><br><b>Transaction ID : D710221</b> |
| City<br><b>Washington</b>   | State<br><b>DC</b>  |  |
| Zip Code<br><b>20003-2611</b>   | Purpose of Disbursement<br><b>Fundraising consulting fee</b>  | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: <b>2014</b>   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |  |
| State: District:  |   |  |

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|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>8551.29</b> |
| <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 104 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Max Caven Photography</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 26 / 2014</b>                        |
| Mailing Address 1727 Tyrol Street  |   | Amount of Each Disbursement this Period<br><b>200.00</b><br><b>Transaction ID : D710278</b> |
| City<br>Duluth   | State<br>MN   |   |
| Zip Code<br>55811  | Purpose of Disbursement<br>Photographic services  | 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<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. Marlene McCarthy</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 06 / 2014</b>                        |
| Mailing Address 25 Barberry Ct   |   | Amount of Each Disbursement this Period<br><b>550.00</b><br><b>Transaction ID : D710305</b> |
| City<br>Largo  | State<br>MD   |   |
| Zip Code<br>20774-1650   | Purpose of Disbursement<br>Event catering   | 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<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>c. Pamela M. McCrory</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 31 / 2014</b>                         |
| Mailing Address 19346 Swallow Dr SE<br>Lot 17  |   | Amount of Each Disbursement this Period<br><b>3305.45</b><br><b>Transaction ID : D710323</b> |
| City<br>Cass Lake  | State<br>MN   |  |
| Zip Code<br>56633-3532   | Purpose of Disbursement<br>Salary   | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |                |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4055.45</b> |
| <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 105 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Pamela M. McCrory</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014                         |
| Mailing Address 19346 Swallow Dr SE<br>Lot 17  |   | Amount of Each Disbursement this Period<br>1818.10<br><b>Transaction ID : D710324</b> |
| City<br>Cass Lake  | State<br>MN   |   |
| Zip Code<br>56633-3532   | Purpose of Disbursement<br>Salary   | 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<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. Pamela M. McCrory</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014                         |
| Mailing Address 19346 Swallow Dr SE<br>Lot 17  |   | Amount of Each Disbursement this Period<br>1818.10<br><b>Transaction ID : D710325</b> |
| City<br>Cass Lake  | State<br>MN   |   |
| Zip Code<br>56633-3532   | Purpose of Disbursement<br>Salary   | 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<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>C. Pamela M. McCrory</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2014                       |
| Mailing Address 19346 Swallow Dr SE<br>Lot 17  |   | Amount of Each Disbursement this Period<br>33.00<br><b>Transaction ID : D710235</b> |
| City<br>Cass Lake  | State<br>MN   |   |
| Zip Code<br>56633-3532   | Purpose of Disbursement<br>Mileage reimbursement  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3669.20 |
| <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 106 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Pamela M. McCrory</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                       |
| Mailing Address 19346 Swallow Dr SE<br>Lot 17  |   | Amount of Each Disbursement this Period<br>33.00<br><b>Transaction ID : D710236</b> |
| City<br>Cass Lake  | State<br>MN   |   |
| Zip Code<br>56633-3532   | Purpose of Disbursement<br>Mileage reimbursement  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Will Mitchell</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014                         |
| Mailing Address 1821 University Ave SE   |   | Amount of Each Disbursement this Period<br>-360.27<br><b>Transaction ID : D710352</b> |
| City<br>Minneapolis  | State<br>MN   |   |
| Zip Code<br>55414-2024   | Purpose of Disbursement<br>11/19/12 check voided  | 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<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>c. MN Department of Revenue</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014                        |
| Mailing Address Withholding Division<br>Mail Station 6501  |   | Amount of Each Disbursement this Period<br>288.00<br><b>Transaction ID : D710308</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55146-0001   | Purpose of Disbursement<br>Payroll taxes  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -39.27 |
| <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 107 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MN Department of Revenue</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 14 / 2014</b> |
| Mailing Address Withholding Division<br>Mail Station 6501   |  | Amount of Each Disbursement this Period<br><b>123.00</b>             |
| City<br>Saint Paul  | State<br>MN  |  |
| Zip Code<br>55146-0001  | Purpose of Disbursement<br>Payroll taxes   | <b>Transaction ID : D710309</b>                                      |
| 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 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. MN Department of Revenue</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b> |
| Mailing Address Withholding Division<br>Mail Station 6501   |  | Amount of Each Disbursement this Period<br><b>168.00</b>             |
| City<br>Saint Paul  | State<br>MN  |  |
| Zip Code<br>55146-0001  | Purpose of Disbursement<br>Payroll taxes   | <b>Transaction ID : D710310</b>                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. MN Department of Revenue</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b> |
| Mailing Address Withholding Division<br>Mail Station 6501   |  | Amount of Each Disbursement this Period<br><b>259.00</b>             |
| City<br>Saint Paul  | State<br>MN  |  |
| Zip Code<br>55146-0001  | Purpose of Disbursement<br>Payroll taxes   | <b>Transaction ID : D710311</b>                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>550.00</b> |
| <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 108 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Democratic Club</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 10 / 2014                       |
| Mailing Address 30 Ivy St SE   |  | Amount of Each Disbursement this Period<br>45.00<br><b>Transaction ID : D710198</b> |
| City Washington State DC Zip Code 20003-4006   | Purpose of Disbursement Dues/Assessment  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Democratic Club</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014                        |
| Mailing Address 30 Ivy St SE   |  | Amount of Each Disbursement this Period<br>585.00<br><b>Transaction ID : D710199</b> |
| City Washington State DC Zip Code 20003-4006   | Purpose of Disbursement Fundraising/Catering   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. New Blue Interactive LLC</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2014                         |
| Mailing Address 4906 Glen Cove Parkway   |  | Amount of Each Disbursement this Period<br>3000.00<br><b>Transaction ID : D710319</b> |
| City Bethesda State MD Zip Code 20816  | Purpose of Disbursement Media strategy consulting fee  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3630.00 |
| <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 109 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. New Partners Consulting, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 28 / 2014                         |
| Mailing Address 1250 I St NW<br>Ste 200   |  | Amount of Each Disbursement this Period<br>6000.00<br><b>Transaction ID : D710253</b> |
| City Washington   | State DC Zip Code 20005-5977   |   |
| Purpose of Disbursement<br>Fundraising consulting fee   |  | 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<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. New Partners Consulting, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2014                         |
| Mailing Address 1250 I St NW<br>Ste 200   |  | Amount of Each Disbursement this Period<br>6000.00<br><b>Transaction ID : D710254</b> |
| City Washington   | State DC Zip Code 20005-5977   |   |
| Purpose of Disbursement<br>Fundraising consulting fee   |  | 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<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>C. NGP VAN, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 28 / 2014                        |
| Mailing Address 1101 15th Street, NAW Suite 500   |  | Amount of Each Disbursement this Period<br>160.00<br><b>Transaction ID : D710279</b> |
| City Washington   | State DC Zip Code 20005  |  |
| Purpose of Disbursement<br>Software/Emails  |  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 12160.00 |
| <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 110 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |   |
|--|--|---|
| 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>01 / 03 / 2014                         |
| Mailing Address 1101 15th Street, NAW Suite 500  |  | Amount of Each Disbursement this Period<br>2495.00<br><b>Transaction ID : D710280</b> |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement Software/Emails  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NGP VAN, Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 19 / 2014                       |
| Mailing Address 1101 15th Street, NAW Suite 500  |  | Amount of Each Disbursement this Period<br>40.00<br><b>Transaction ID : D710281</b> |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement Software/Emails  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP VAN, Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                         |
| Mailing Address 1101 15th Street, NAW Suite 500  |  | Amount of Each Disbursement this Period<br>2400.00<br><b>Transaction ID : D710282</b> |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement Software/Emails  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4935.00 |
| <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 111 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. North Central States Regional Council of Carpenters</b>                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2014                        |
| Mailing Address N2211 Bodde Rd  |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : D710320</b> |
| City<br>Kaukauna  | State<br>WI  |  |
| Purpose of Disbursement<br>Office rent  | Candidate Name   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. North Central States Regional Council of Carpenters</b>                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2014                        |
| Mailing Address N2211 Bodde Rd  |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : D710321</b> |
| City<br>Kaukauna  | State<br>WI  |  |
| Purpose of Disbursement<br>Office rent  | Candidate Name   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>C. North Central States Regional Council of Carpenters</b>                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                        |
| Mailing Address N2211 Bodde Rd  |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : D710322</b> |
| City<br>Kaukauna  | State<br>WI  |  |
| Purpose of Disbursement<br>Office rent  | Candidate Name   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 750.00 |
| <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 112 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Peggy Shapiro Graphic Design, Inc.</b>                                   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 03 / 2014</b>                        |
| Mailing Address <b>2555 North Clark Street, #206</b>  |   | Amount of Each Disbursement this Period<br><b>550.00</b><br><b>Transaction ID : D710326</b> |
| City <b>Chicago</b> State <b>IL</b> Zip Code <b>60614</b>   | Category/Type   |   |
| Purpose of Disbursement<br><b>Printing expense</b>  | Candidate Name  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><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. Perkins Coie LLP</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 06 / 2014</b>                         |
| Mailing Address <b>1201 3rd Ave<br/>Client Accounting</b>   |   | Amount of Each Disbursement this Period<br><b>1896.00</b><br><b>Transaction ID : D710211</b> |
| City <b>Seattle</b> State <b>WA</b> Zip Code <b>98101-3029</b>  | Category/Type   |  |
| Purpose of Disbursement<br><b>Legal services</b>  | Candidate Name  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><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>c. Justin Perpich</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 10 / 2014</b>                        |
| Mailing Address <b>58 Vermillion Dr</b>   |   | Amount of Each Disbursement this Period<br><b>110.00</b><br><b>Transaction ID : D710225</b> |
| City <b>Virginia</b> State <b>MN</b> Zip Code <b>55792-3534</b>   | Category/Type   |   |
| Purpose of Disbursement<br><b>Mileage reimbursement</b>   | Candidate Name  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2556.00</b> |
| <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 113 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |             |                        |  |  |  |
|---|-------------|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Justin Perpich</b>   |             |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2014  |  |  |
| Mailing Address 58 Vermillion Dr  |             |                        | Amount of Each Disbursement this Period<br>911.06  |  |  |
| City<br>Virginia  | State<br>MN | Zip Code<br>55792-3534 | Transaction ID : D710226   |  |  |
| Purpose of Disbursement<br>Salary   |             | Candidate Name         | Category/<br>Type  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |             |                        | Disbursement For: 2014<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. Justin Perpich</b>   |             |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2014  |  |  |
| Mailing Address 58 Vermillion Dr  |             |                        | Amount of Each Disbursement this Period<br>82.90   |  |  |
| City<br>Virginia  | State<br>MN | Zip Code<br>55792-3534 | Transaction ID : D710227   |  |  |
| Purpose of Disbursement<br>Health insurance   |             | Candidate Name         | Category/<br>Type  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |             |                        | Disbursement For: 2014<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>C. Justin Perpich</b>   |             |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014  |  |  |
| Mailing Address 58 Vermillion Dr  |             |                        | Amount of Each Disbursement this Period<br>911.07  |  |  |
| City<br>Virginia  | State<br>MN | Zip Code<br>55792-3534 | Transaction ID : D710228   |  |  |
| Purpose of Disbursement<br>Salary   |             | Candidate Name         | Category/<br>Type  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |             |                        | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |
| State: District:  |             |                        |  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1905.03 |
| <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 114 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Justin Perpich</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b>                       |
| Mailing Address 58 Vermillion Dr  |  | Amount of Each Disbursement this Period<br><b>82.90</b><br>Transaction ID : <b>D710229</b> |
| City Virginia   | State MN Zip Code 55792-3534   |  |
| Purpose of Disbursement<br>Health insurance   | Candidate Name   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. Justin Perpich</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b>                        |
| Mailing Address 58 Vermillion Dr  |  | Amount of Each Disbursement this Period<br><b>911.06</b><br>Transaction ID : <b>D710230</b> |
| City Virginia   | State MN Zip Code 55792-3534   |   |
| Purpose of Disbursement<br>Salary   | Candidate Name   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>C. Justin Perpich</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b>                       |
| Mailing Address 58 Vermillion Dr  |  | Amount of Each Disbursement this Period<br><b>82.90</b><br>Transaction ID : <b>D710231</b> |
| City Virginia   | State MN Zip Code 55792-3534   |  |
| Purpose of Disbursement<br>Health insurance   | Candidate Name   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1076.86</b> |
| <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 115 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Justin Perpich</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 06 / 2014</b>                        |
| Mailing Address <b>58 Vermillion Dr</b>   |   | Amount of Each Disbursement this Period<br><b>181.00</b><br>Transaction ID : <b>D710232</b> |
| City <b>Virginia</b> State <b>MN</b> Zip Code <b>55792-3534</b>   | Purpose of Disbursement<br><b>Mileage reimbursement</b>   |   |
| Candidate Name  | Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><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. QuickBooks</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 20 / 2014</b>                        |
| Mailing Address <b>2632 Marine Way</b>  |   | Amount of Each Disbursement this Period<br><b>429.95</b><br>Transaction ID : <b>D710283</b> |
| City <b>Mountain View</b> State <b>CA</b> Zip Code <b>94043-1126</b>  | Purpose of Disbursement<br><b>Online software</b>   |   |
| Candidate Name  | Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><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>c. Riverwood Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 28 / 2014</b>                       |
| Mailing Address <b>36139 County Road 66<br/>PO Box 899</b>  |   | Amount of Each Disbursement this Period<br><b>15.00</b><br>Transaction ID : <b>D710394</b> |
| City <b>Crosslake</b> State <b>MN</b> Zip Code <b>56442-2501</b>  | Purpose of Disbursement<br><b>Service fee</b>   |  |
| Candidate Name  | Category/Type   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |   |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>625.95</b> |
| <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 116 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Seven Corners Printing</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014                        |
| Mailing Address 1099 Snelling Ave N  |   | Amount of Each Disbursement this Period<br>523.79<br><b>Transaction ID : D710234</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55108-2705   | Purpose of Disbursement<br>Printing expense   | 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<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. Leann M. Stoll</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014                        |
| Mailing Address 21690 Mishawaka Rd   |   | Amount of Each Disbursement this Period<br>971.53<br><b>Transaction ID : D710297</b> |
| City<br>Grand Rapids   | State<br>MN   |  |
| Zip Code<br>55744-4533   | Purpose of Disbursement<br>Salary   | 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<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>c. Leann M. Stoll</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2014                        |
| Mailing Address 21690 Mishawaka Rd   |   | Amount of Each Disbursement this Period<br>971.54<br><b>Transaction ID : D710300</b> |
| City<br>Grand Rapids   | State<br>MN   |  |
| Zip Code<br>55744-4533   | Purpose of Disbursement<br>Salary   | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2466.86 |
| <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 117 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Leann M. Stoll</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b> |
| Mailing Address 21690 Mishawaka Rd  |  | Amount of Each Disbursement this Period<br><b>971.53</b>             |
| City<br>Grand Rapids  | State<br>MN  |  |
| Zip Code<br>55744-4533  | Purpose of Disbursement<br>Salary  | <b>Transaction ID : D710301</b>                                      |
| 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 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. Tall Grass Digital</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 19 / 2014</b> |
| Mailing Address 321 4th Ave S   |  | Amount of Each Disbursement this Period<br><b>217.50</b>             |
| City<br>South Saint Paul  | State<br>MN  |  |
| Zip Code<br>55075-2617  | Purpose of Disbursement<br>Website expense   | <b>Transaction ID : D710186</b>                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Al Terway</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 01 / 2014</b> |
| Mailing Address Mr. D's 5622 Grand Avenue   |  | Amount of Each Disbursement this Period<br><b>425.00</b>             |
| City<br>Duluth  | State<br>MN  |  |
| Zip Code<br>55807   | Purpose of Disbursement<br>Office rent   | <b>Transaction ID : D710286</b>                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1614.03</b> |
| <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 118 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Al Terway</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                        |
| Mailing Address Mr. D's 5622 Grand Avenue  |   | Amount of Each Disbursement this Period<br>425.00<br><b>Transaction ID : D710287</b> |
| City<br>Duluth   | State<br>MN   |  |
| Zip Code<br>55807  | Purpose of Disbursement<br>Office rent  | 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<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. Tom Trotter</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2014                        |
| Mailing Address 425 New Jersey Avenue, SE  |   | Amount of Each Disbursement this Period<br>350.00<br><b>Transaction ID : D710337</b> |
| City<br>Washington   | State<br>DC   |  |
| Zip Code<br>20003  | Purpose of Disbursement<br>Fundraising room fee   | 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<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>c. Twenty-First Century Group, Inc.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2014                        |
| Mailing Address 434 New Jersey Avenue, SE  |   | Amount of Each Disbursement this Period<br>480.00<br><b>Transaction ID : D710284</b> |
| City<br>Washington   | State<br>DC   |  |
| Zip Code<br>20003  | Purpose of Disbursement<br>Fundraising expense  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1255.00 |
| <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 119 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Treasury</b>                                      |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014 |
| Mailing Address Internal Revenue Service   |                              | Amount of Each Disbursement this Period<br>1716.25            |
| City Ogden   | State UT Zip Code 84201-0001 |   |
| Purpose of Disbursement<br>Payroll taxes   | Candidate Name               | Transaction ID : D710339                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United States Treasury</b>                                      |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2014 |
| Mailing Address Internal Revenue Service   |                              | Amount of Each Disbursement this Period<br>707.49             |
| City Ogden   | State UT Zip Code 84201-0001 |   |
| Purpose of Disbursement<br>Payroll taxes   | Candidate Name               | Transaction ID : D710340                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. United States Treasury</b>                                      |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014 |
| Mailing Address Internal Revenue Service   |                              | Amount of Each Disbursement this Period<br>1117.63            |
| City Ogden   | State UT Zip Code 84201-0001 |   |
| Purpose of Disbursement<br>Payroll taxes   | Candidate Name               | Transaction ID : D710341                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3541.37 |
| <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 120 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Treasury</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b> |
| Mailing Address Internal Revenue Service  |                              | Amount of Each Disbursement this Period<br><b>1510.78</b>            |
| City Ogden  | State UT Zip Code 84201-0001 |  |
| Purpose of Disbursement<br>Payroll taxes  | Candidate Name               | <b>Transaction ID : D710342</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. UPS Store</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 29 / 2014</b> |
| Mailing Address 23 W. Central Entrance  |                         | Amount of Each Disbursement this Period<br><b>80.35</b>              |
| City Duluth   | State MN Zip Code 55811 |  |
| Purpose of Disbursement<br>Shipping   | Candidate Name          | <b>Transaction ID : D710343</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>c. UPS Store</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 29 / 2014</b> |
| Mailing Address 23 W. Central Entrance  |                         | Amount of Each Disbursement this Period<br><b>404.51</b>             |
| City Duluth   | State MN Zip Code 55811 |  |
| Purpose of Disbursement<br>Shipping   | Candidate Name          | <b>Transaction ID : D710344</b>                                      |
| 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>1995.64</b> |
| <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 121 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UPS Store</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014 |
| Mailing Address 23 W. Central Entrance  |  | Amount of Each Disbursement this Period<br>74.79              |
| City<br>Duluth  | State<br>MN  |   |
| Zip Code<br>55811   | Purpose of Disbursement<br>Shipping  | Transaction ID : D710345                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. USPS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 14 / 2014 |
| Mailing Address Diamond Lake Branch   |  | Amount of Each Disbursement this Period<br>33.00              |
| City<br>Minneapolis   | State<br>MN  |   |
| Zip Code<br>55419   | Purpose of Disbursement<br>Postage   | Transaction ID : D710237                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>C. USPS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014 |
| Mailing Address Diamond Lake Branch   |  | Amount of Each Disbursement this Period<br>5.05               |
| City<br>Minneapolis   | State<br>MN  |   |
| Zip Code<br>55419   | Purpose of Disbursement<br>Postage   | Transaction ID : D710239                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 112.84 |
| <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 122 OF 139 |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>A. USPS</b>   |  | M M / D D / Y Y Y Y<br>01 / 30 / 2014   |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period |
| City Minneapolis   | State MN   | Zip Code 55419                          |
| Purpose of Disbursement Postage  | Category/Type  |   |
| Candidate Name   | Transaction ID : D710240   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>B. USPS</b>   |  | M M / D D / Y Y Y Y<br>02 / 13 / 2014   |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period |
| City Minneapolis   | State MN   | Zip Code 55419                          |
| Purpose of Disbursement Postage  | Category/Type  |   |
| Candidate Name   | Transaction ID : D710243   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>C. USPS</b>   |  | M M / D D / Y Y Y Y<br>02 / 21 / 2014   |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period |
| City Minneapolis   | State MN   | Zip Code 55419                          |
| Purpose of Disbursement Postage  | Category/Type  |   |
| Candidate Name   | Transaction ID : D710244   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 15.15 |
| <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 123 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                             |
| <b>A. USPS</b>   |  | M M / D D / Y Y Y Y<br>02 / 06 / 2014            |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period<br>35.30 |
| City Minneapolis   | State MN Zip Code 55419  |  |
| Purpose of Disbursement Postage  | Category/Type  | Transaction ID : D710245                         |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                            |
| <b>B. USPS</b>   |  | M M / D D / Y Y Y Y<br>02 / 06 / 2014           |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period<br>5.05 |
| City Minneapolis   | State MN Zip Code 55419  |   |
| Purpose of Disbursement Postage  | Category/Type  | Transaction ID : D710246                        |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                            |
| <b>C. USPS</b>   |  | M M / D D / Y Y Y Y<br>03 / 14 / 2014           |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period<br>5.05 |
| City Minneapolis   | State MN Zip Code 55419  |   |
| Purpose of Disbursement Postage  | Category/Type  | Transaction ID : D710247                        |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 45.40 |
| <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 124 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |           |  |       |                          |             |                          |           |  |    |        |    |  |      |
|---|-----------|--|-------|--------------------------|-------------|--------------------------|-----------|--|----|--------|----|--|------|
| Full Name (Last, First, Middle Initial)   |           | Date of Disbursement   |       |                          |             |                          |           |  |    |        |    |  |      |
| A. <b>USPS</b>  |           | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table> |       | M M                      | /           | D D                      | /         | Y Y Y Y  | 03 |        | 19 |  | 2014 |
| M M   | /         | D D  | /     | Y Y Y Y                  |             |                          |           |  |    |        |    |  |      |
| 03  |           | 19   |       | 2014                     |             |                          |           |  |    |        |    |  |      |
| Mailing Address Diamond Lake Branch   |           | Amount of Each Disbursement this Period  |       |                          |             |                          |           |  |    |        |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419</td> </tr> </table>  |           | City   | State | Zip Code                 | Minneapolis | MN                       | 55419     | <table border="1"> <tr> <td>307.85</td> </tr> </table> |    | 307.85 |    |  |      |
| City  | State     | Zip Code   |       |                          |             |                          |           |  |    |        |    |  |      |
| Minneapolis   | MN        | 55419  |       |                          |             |                          |           |  |    |        |    |  |      |
| 307.85  |           |  |       |                          |             |                          |           |  |    |        |    |  |      |
| Purpose of Disbursement Postage   |           | Transaction ID : D710249   |       |                          |             |                          |           |  |    |        |    |  |      |
| Candidate Name  |           | Category/Type  |       |                          |             |                          |           |  |    |        |    |  |      |
| Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> |           | <input type="checkbox"/>   | House | <input type="checkbox"/> | Senate      | <input type="checkbox"/> | President | Disbursement For: 2014                                 |    |        |    |  |      |
| <input type="checkbox"/>  | House     |  |       |                          |             |                          |           |  |    |        |    |  |      |
| <input type="checkbox"/>  | Senate    |  |       |                          |             |                          |           |  |    |        |    |  |      |
| <input type="checkbox"/>  | President |  |       |                          |             |                          |           |  |    |        |    |  |      |
| State: District:  |           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |       |                          |             |                          |           |  |    |        |    |  |      |

|   |           |  |       |                          |             |                          |           |  |    |      |    |  |      |
|---|-----------|--|-------|--------------------------|-------------|--------------------------|-----------|--|----|------|----|--|------|
| Full Name (Last, First, Middle Initial)   |           | Date of Disbursement   |       |                          |             |                          |           |  |    |      |    |  |      |
| B. <b>USPS</b>  |           | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table> |       | M M                      | /           | D D                      | /         | Y Y Y Y  | 03 |      | 24 |  | 2014 |
| M M   | /         | D D  | /     | Y Y Y Y                  |             |                          |           |  |    |      |    |  |      |
| 03  |           | 24   |       | 2014                     |             |                          |           |  |    |      |    |  |      |
| Mailing Address Diamond Lake Branch   |           | Amount of Each Disbursement this Period  |       |                          |             |                          |           |  |    |      |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419</td> </tr> </table>  |           | City   | State | Zip Code                 | Minneapolis | MN                       | 55419     | <table border="1"> <tr> <td>5.05</td> </tr> </table> |    | 5.05 |    |  |      |
| City  | State     | Zip Code   |       |                          |             |                          |           |  |    |      |    |  |      |
| Minneapolis   | MN        | 55419  |       |                          |             |                          |           |  |    |      |    |  |      |
| 5.05  |           |  |       |                          |             |                          |           |  |    |      |    |  |      |
| Purpose of Disbursement Postage   |           | Transaction ID : D710250   |       |                          |             |                          |           |  |    |      |    |  |      |
| Candidate Name  |           | Category/Type  |       |                          |             |                          |           |  |    |      |    |  |      |
| Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> |           | <input type="checkbox"/>   | House | <input type="checkbox"/> | Senate      | <input type="checkbox"/> | President | Disbursement For: 2014                               |    |      |    |  |      |
| <input type="checkbox"/>  | House     |  |       |                          |             |                          |           |  |    |      |    |  |      |
| <input type="checkbox"/>  | Senate    |  |       |                          |             |                          |           |  |    |      |    |  |      |
| <input type="checkbox"/>  | President |  |       |                          |             |                          |           |  |    |      |    |  |      |
| State: District:  |           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |       |                          |             |                          |           |  |    |      |    |  |      |

|   |           |  |       |                          |             |                          |           |  |    |      |    |  |      |
|---|-----------|--|-------|--------------------------|-------------|--------------------------|-----------|--|----|------|----|--|------|
| Full Name (Last, First, Middle Initial)   |           | Date of Disbursement   |       |                          |             |                          |           |  |    |      |    |  |      |
| C. <b>USPS</b>  |           | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table> |       | M M                      | /           | D D                      | /         | Y Y Y Y  | 03 |      | 31 |  | 2014 |
| M M   | /         | D D  | /     | Y Y Y Y                  |             |                          |           |  |    |      |    |  |      |
| 03  |           | 31   |       | 2014                     |             |                          |           |  |    |      |    |  |      |
| Mailing Address Diamond Lake Branch   |           | Amount of Each Disbursement this Period  |       |                          |             |                          |           |  |    |      |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419</td> </tr> </table>  |           | City   | State | Zip Code                 | Minneapolis | MN                       | 55419     | <table border="1"> <tr> <td>5.05</td> </tr> </table> |    | 5.05 |    |  |      |
| City  | State     | Zip Code   |       |                          |             |                          |           |  |    |      |    |  |      |
| Minneapolis   | MN        | 55419  |       |                          |             |                          |           |  |    |      |    |  |      |
| 5.05  |           |  |       |                          |             |                          |           |  |    |      |    |  |      |
| Purpose of Disbursement Postage   |           | Transaction ID : D710251   |       |                          |             |                          |           |  |    |      |    |  |      |
| Candidate Name  |           | Category/Type  |       |                          |             |                          |           |  |    |      |    |  |      |
| Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table> |           | <input type="checkbox"/>   | House | <input type="checkbox"/> | Senate      | <input type="checkbox"/> | President | Disbursement For: 2014                               |    |      |    |  |      |
| <input type="checkbox"/>  | House     |  |       |                          |             |                          |           |  |    |      |    |  |      |
| <input type="checkbox"/>  | Senate    |  |       |                          |             |                          |           |  |    |      |    |  |      |
| <input type="checkbox"/>  | President |  |       |                          |             |                          |           |  |    |      |    |  |      |
| State: District:  |           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |       |                          |             |                          |           |  |    |      |    |  |      |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 317.95 |
| <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 125 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2014 |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period<br>5.05               |
| City Minneapolis   | State MN Zip Code 55419  |   |
| Purpose of Disbursement Postage  | Category/Type  | <b>Transaction ID : D710252</b>                               |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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. Voter Activation Network</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2014 |
| Mailing Address 48 Grove St Ste 202  |  | Amount of Each Disbursement this Period<br>250.00             |
| City Somerville  | State MA Zip Code 02144-2500   |   |
| Purpose of Disbursement Website expense  | Category/Type  | <b>Transaction ID : D710215</b>                               |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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>C. Voter Activation Network</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 05 / 2014 |
| Mailing Address 48 Grove St Ste 202  |  | Amount of Each Disbursement this Period<br>75.00              |
| City Somerville  | State MA Zip Code 02144-2500   |   |
| Purpose of Disbursement Website expense  | Category/Type  | <b>Transaction ID : D710216</b>                               |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 330.05 |
| <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 126 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Voter Activation Network</b>                                    |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |
| Mailing Address 48 Grove St<br>Ste 202   |                              | Amount of Each Disbursement this Period<br>75.00              |
| City Somerville  | State MA Zip Code 02144-2500 |   |
| Purpose of Disbursement<br>Website expense   | Candidate Name               | Transaction ID : D710217                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Claire Wall</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 198 Hilcrest Avenue SE   |                         | Amount of Each Disbursement this Period<br>-113.58            |
| City Concord   | State NC Zip Code 28025 |   |
| Purpose of Disbursement<br>11/19/12 check voided   | Candidate Name          | Transaction ID : D710353                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Wells Fargo Bank</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014 |
| Mailing Address 222 W Superior St<br>Ste 100   |                              | Amount of Each Disbursement this Period<br>10.00              |
| City Duluth  | State MN Zip Code 55802-1940 |   |
| Purpose of Disbursement<br>Service fee   | Candidate Name               | Transaction ID : D710191                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   | Category/Type                |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -28.58 |
| <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 127 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Wells Fargo Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014                       |
| Mailing Address 222 W Superior St<br>Ste 100  |  | Amount of Each Disbursement this Period<br>94.00<br><b>Transaction ID : D710192</b> |
| City Duluth   | State MN Zip Code 55802-1940   |   |
| Purpose of Disbursement<br>Service fee  | Category/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. Wells Fargo Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014                       |
| Mailing Address 222 W Superior St<br>Ste 100  |  | Amount of Each Disbursement this Period<br>48.00<br><b>Transaction ID : D710193</b> |
| City Duluth   | State MN Zip Code 55802-1940   |   |
| Purpose of Disbursement<br>Service fee  | Category/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>c. Wells Fargo Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2014                       |
| Mailing Address 222 W Superior St<br>Ste 100  |  | Amount of Each Disbursement this Period<br>31.00<br><b>Transaction ID : D710194</b> |
| City Duluth   | State MN Zip Code 55802-1940   |   |
| Purpose of Disbursement<br>Service fee  | Category/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 94.00 |
| <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 128 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Wells Fargo Payroll</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2014                       |
| Mailing Address 1650 W 82nd St  |  | Amount of Each Disbursement this Period<br>60.00<br><b>Transaction ID : D710347</b> |
| City<br>Bloomington   | State<br>MN  |   |
| Purpose of Disbursement<br>Payroll service fee  |  | 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<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. Wells Fargo Payroll</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 13 / 2014                       |
| Mailing Address 1650 W 82nd St  |  | Amount of Each Disbursement this Period<br>60.00<br><b>Transaction ID : D710348</b> |
| City<br>Bloomington   | State<br>MN  |   |
| Purpose of Disbursement<br>Payroll service fee  |  | 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<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>c. Wells Fargo Payroll</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014                       |
| Mailing Address 1650 W 82nd St  |  | Amount of Each Disbursement this Period<br>60.00<br><b>Transaction ID : D710349</b> |
| City<br>Bloomington   | State<br>MN  |   |
| Purpose of Disbursement<br>Payroll service fee  |  | 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<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: _____  | District: _____  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 180.00 |
| <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 129 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Wells Fargo Payroll</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b> |
| Mailing Address 1650 W 82nd St  |  | Amount of Each Disbursement this Period<br><b>62.25</b>              |
| City<br>Bloomington   | State<br>MN  |  |
| Zip Code<br>55431-1419  | Purpose of Disbursement<br>Payroll service fee   | <b>Transaction ID : D710350</b>                                      |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. Winpisinger &amp; Associates, Inc.</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 03 / 2014</b> |
| Mailing Address 315 Inspiration Ln  |  | Amount of Each Disbursement this Period<br><b>1768.86</b>            |
| City<br>Gaithersburg  | State<br>MD  |  |
| Zip Code<br>20878-5808  | Purpose of Disbursement<br>Administrative services/Compliance  | <b>Transaction ID : D710207</b>                                      |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>c. Winpisinger &amp; Associates, Inc.</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 03 / 2014</b> |
| Mailing Address 315 Inspiration Ln  |  | Amount of Each Disbursement this Period<br><b>1795.73</b>            |
| City<br>Gaithersburg  | State<br>MD  |  |
| Zip Code<br>20878-5808  | Purpose of Disbursement<br>Administrative services/Compliance  | <b>Transaction ID : D710208</b>                                      |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3626.84</b> |
| <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 130 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Winpisinger &amp; Associates, Inc.</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 01 / 2014</b> |
| Mailing Address 315 Inspiration Ln  |  | Amount of Each Disbursement this Period<br><b>1778.91</b>            |
| City Gaithersburg   | State MD   |  |
| Zip Code 20878-5808   | Purpose of Disbursement<br>Administrative services/Compliance  | <b>Transaction ID : D710209</b>                                      |
| 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 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. Hon. Richard Nolan</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 20 / 2014</b> |
| Mailing Address 31516 Old Bridge Rd   |  | Amount of Each Disbursement this Period<br><b>2306.04</b>            |
| City Crosby   | State MN   |  |
| Zip Code 56441-2235   | Purpose of Disbursement<br>Expense reimbursement (see below)   | <b>Transaction ID : D710184</b>                                      |
| Candidate Name<br><b>Hon. Richard Nolan</b>   | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>c. Carmine's</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 20 / 2014</b> |
| Mailing Address 425 7th St NW   |  | Amount of Each Disbursement this Period<br><b>255.60</b>             |
| City Washington   | State DC   |  |
| Zip Code 20004  | Purpose of Disbursement<br>Event food (Autism Group)   | <b>Transaction ID : D710256</b>                                      |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4084.95</b> |
| <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 131 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014 |
| Mailing Address 1030 Delta Blvd   |  | Amount of Each Disbursement this Period<br>239.80             |
| City Atlanta  | State GA Zip Code 30354-1989   |   |
| Purpose of Disbursement<br>Travel/Airfare   |  | Transaction ID : D710187                                      |
| Candidate Name  |  |   |
| Office Sought:  | Disbursement For: 2014   | [MEMO ITEM]   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <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. Hon. Richard Nolan</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014 |
| Mailing Address 31516 Old Bridge Rd   |  | Amount of Each Disbursement this Period<br>245.50             |
| City Crosby   | State MN Zip Code 56441-2235   |   |
| Purpose of Disbursement<br>Mileage reimbursement  |  | Transaction ID : D710185                                      |
| Candidate Name<br><b>Hon. Richard Nolan</b>   |  |   |
| Office Sought:  | Disbursement For: 2014   | [MEMO ITEM]   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <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>c. Sun Country Airlines</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014 |
| Mailing Address 1300 Mendota Heights Rd   |  | Amount of Each Disbursement this Period<br>331.90             |
| City Saint Paul   | State MN Zip Code 55120-1128   |   |
| Purpose of Disbursement<br>Travel/Airfare   |  | Transaction ID : D710213                                      |
| Candidate Name  |  |   |
| Office Sought:  | Disbursement For: 2014   | [MEMO ITEM]   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 132 OF 139                     |                                    |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sun Country Airlines</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014 |
| Mailing Address 1300 Mendota Heights Rd   |  | Amount of Each Disbursement this Period<br>227.80             |
| City<br>Saint Paul  | State<br>MN  |   |
| Zip Code<br>55120-1128  | Purpose of Disbursement<br>Travel/Airfare  | Transaction ID : D710214<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014 |
| Mailing Address 2345 Crystal Dr   |  | Amount of Each Disbursement this Period<br>25.00              |
| City<br>Arlington   | State<br>VA  |   |
| Zip Code<br>22227-0002  | Purpose of Disbursement<br>Travel fee  | Transaction ID : D710205<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>c. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2014 |
| Mailing Address 2345 Crystal Dr   |  | Amount of Each Disbursement this Period<br>311.80             |
| City<br>Arlington   | State<br>VA  |   |
| Zip Code<br>22227-0002  | Purpose of Disbursement<br>Travel/Airfare  | Transaction ID : D710206<br><b>[MEMO ITEM]</b>                |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| 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 133 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kathleen M. Connolly</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 15 / 2014</b> |
| Mailing Address <b>5321 Clinton Avenue South</b>   |   | Amount of Each Disbursement this Period<br><b>103.04</b>             |
| City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55419</b>  | Purpose of Disbursement<br>Expenses (see below if itemized) |  |
| Candidate Name   | Category/Type   | <b>Transaction ID : D710269</b>                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<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. Kathleen M. Connolly</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 15 / 2014</b> |
| Mailing Address <b>5321 Clinton Avenue South</b>   |  | Amount of Each Disbursement this Period<br><b>40.00</b>              |
| City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55419</b>  | Purpose of Disbursement<br>Mileage reimbursement |  |
| Candidate Name   | Category/Type                                    | <b>Transaction ID : D710270</b><br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<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>C. USPS</b>  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 15 / 2014</b> |
| Mailing Address <b>Diamond Lake Branch</b>   |                                    | Amount of Each Disbursement this Period<br><b>22.80</b>              |
| City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55419</b>  | Purpose of Disbursement<br>Postage |  |
| Candidate Name   | Category/Type                      | <b>Transaction ID : D710238</b><br><b>[MEMO ITEM]</b>                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                    |  |
| State: District:   |                                    |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>103.04</b> |
| <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 134 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |                   |  |  |  |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kathleen M. Connolly</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2014 |  |  |
| Mailing Address 5321 Clinton Avenue South   |  |                   | Amount of Each Disbursement this Period<br>693.16        |  |  |
| City<br>Minneapolis   | State<br>MN  | Zip Code<br>55419 | Transaction ID : D710272                                 |  |  |
| Purpose of Disbursement<br>Expenses (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<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. Kathleen M. Connolly</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2014 |  |  |
| Mailing Address 5321 Clinton Avenue South   |  |                   | Amount of Each Disbursement this Period<br>64.50         |  |  |
| City<br>Minneapolis   | State<br>MN  | Zip Code<br>55419 | Transaction ID : D710273                                 |  |  |
| Purpose of Disbursement<br>Mileage reimbursement  |  | Category/<br>Type | [MEMO ITEM]  |  |  |
| Candidate Name  |  |                   |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>c. Expedia</b>  |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2014 |  |  |
| Mailing Address 333 108th Ave NE  |  |                        | Amount of Each Disbursement this Period<br>407.52        |  |  |
| City<br>Bellevue  | State<br>WA  | Zip Code<br>98004-5703 | Transaction ID : D710190                                 |  |  |
| Purpose of Disbursement<br>Travel/Airline and hotel package   |  | Category/<br>Type      | [MEMO ITEM]  |  |  |
| Candidate Name  |  |                        |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |  |  |  |
| State: _____  | District: _____  |                        |  |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 693.16 |
| <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 135 OF 139                    |                                     |                                    |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014 |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period<br>73.80              |
| City Minneapolis   | State MN Zip Code 55419  |   |
| Purpose of Disbursement Postage  | Category/Type  | Transaction ID : D710242<br><b>[MEMO ITEM]</b>                |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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. Kathleen M. Connolly</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |
| Mailing Address 5321 Clinton Avenue South  |  | Amount of Each Disbursement this Period<br>73.80              |
| City Minneapolis   | State MN Zip Code 55419  |   |
| Purpose of Disbursement Expenses (see below if itemized)   | Category/Type  | Transaction ID : D710276                                      |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<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>C. USPS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |
| Mailing Address Diamond Lake Branch  |  | Amount of Each Disbursement this Period<br>40.50              |
| City Minneapolis   | State MN Zip Code 55419  |   |
| Purpose of Disbursement Postage  | Category/Type  | Transaction ID : D710248<br><b>[MEMO ITEM]</b>                |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 73.80 |
| <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 136 OF 139 |  |  |  |
|   | <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)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Leann M. Stoll</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2014 |
| Mailing Address 21690 Mishawaka Rd  |  | Amount of Each Disbursement this Period<br>99.02         |
| City<br>Grand Rapids  | State<br>MN  |  |
| Zip Code<br>55744-4533  | Purpose of Disbursement<br>Expenses (see below if itemized)  | Transaction ID : D710298                                 |
| 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 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. Leann M. Stoll</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2014 |
| Mailing Address 21690 Mishawaka Rd  |  | Amount of Each Disbursement this Period<br>62.00         |
| City<br>Grand Rapids  | State<br>MN  |  |
| Zip Code<br>55744-4533  | Purpose of Disbursement<br>Mileage reimbursement   | Transaction ID : D710299                                 |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2014 |
| Mailing Address Diamond Lake Branch   |  | Amount of Each Disbursement this Period<br>29.82         |
| City<br>Minneapolis   | State<br>MN  |  |
| Zip Code<br>55419   | Purpose of Disbursement<br>Postage   | Transaction ID : D710241                                 |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 99.02    |
| <b>TOTAL</b> This Period (last page this line number only)..... | 94424.68 |

**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 137 OF 139 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Roy Karon</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2014                         |
| Mailing Address 5107 Spring Oak Ct NE   |  |                        | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D708040</b> |
| City<br>Cedar Rapids  | State<br>IA  | Zip Code<br>52411-6790 |   |
| Purpose of Disbursement<br>Contribution refund  |  | 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<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>B. Jonathan Turak</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2014                         |
| Mailing Address 7534 Westlake Terrace  |  |                        | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D710224</b> |
| City<br>Bethesda   | State<br>MD  | Zip Code<br>20817-6541 |   |
| Purpose of Disbursement<br>Contribution refund   |  | Category/<br>Type      |   |
| Candidate Name   |  |                        |   |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<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>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:<br><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).....      | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 2000.00 |

**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 138 OF 139                     |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Nolan for Congress Volunteer Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 28 / 2014</b>                         |
| Mailing Address <b>255 Plato Blvd E</b>   |  | Amount of Each Disbursement this Period<br><b>1250.00</b><br><b>Transaction ID : D710306</b> |
| City <b>Saint Paul</b> State <b>MN</b> Zip Code <b>55107-1623</b>   | Purpose of Disbursement<br>Non-Federal Contribution  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><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>B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 28 / 2014</b>                         |
| Mailing Address <b>255 Plato Blvd E</b>   |  | Amount of Each Disbursement this Period<br><b>4487.00</b><br><b>Transaction ID : D710307</b> |
| City <b>Saint Paul</b> State <b>MN</b> Zip Code <b>55107-1623</b>   | Purpose of Disbursement<br>Non-Federal Contribution  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><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/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><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>5737.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>5737.00</b> |

**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)

**Nolan for Congress Volunteer Committee**

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

Mailing Address 211 N 1st St  
 Ste 480

City State Zip Code  
 Minneapolis MN 55401-1413

Nature of Debt (Purpose):  
 Consultant - Field

Outstanding Balance Beginning This Period **Transaction ID : D667034**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Hon. Richard Nolan**

Mailing Address 31516 Old Bridge Rd

City State Zip Code  
 Crosby MN 56441-2235

Nature of Debt (Purpose):  
 Reimbursements

Outstanding Balance Beginning This Period **Transaction ID : D667023**

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

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

Mailing Address 13347 Park St

City State Zip Code  
 Baxter MN 56425-8363

Nature of Debt (Purpose):  
 Reimbursement

Outstanding Balance Beginning This Period **Transaction ID : D691864**

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

|  |                                       |
|--|---------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | <input type="text" value="23313.36"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | <input type="text" value="23313.36"/> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | <input type="text" value="0.00"/>     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="23313.36"/> |