

# 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

Emmer for Congress

ADDRESS (number and street)

PO Box 998

Check if different than previously reported. (ACC)

Anoka

MN

55303

2. FEC IDENTIFICATION NUMBER ▼

C C00545749

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MN

06

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 Karin Housley

Signature of Treasurer Karin Housley

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 22 / 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  
**Emmer for Congress**

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))....   | 206904.33               | 833203.94                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 115.00                  | 425.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 206789.33               | 832778.94                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 289672.43               | 579936.31                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 289672.43               | 579936.31                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 252737.63               |                                    |
| 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)..... | 66741.00                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Emmer for Congress**

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).....   | 102298.05                     | 541473.45                          |
| (ii) Unitemized .....  | 85106.28                      | 266230.49                          |
| (iii) TOTAL of contributions from individuals .....  | 187404.33                     | 807703.94                          |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....   | 19500.00                      | 25500.00                           |
| (d) The Candidate .....  | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                   | 206904.33                     | 833203.94                          |
| 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.) .....                                     |                               |                                    |
|  | 0.00                          | 0.00                               |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....  |                               |                                    |
|  | 0.00                          | 0.00                               |
| 16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 206904.33                     | 833203.94                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 289672.43                     | 579936.31                          |
| 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 .....             | 115.00                        | 425.00                             |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 115.00                        | 425.00                             |
| 21. OTHER DISBURSEMENTS .....  | 105.00                        | 105.00                             |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 289892.43                     | 580466.31                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 335725.73 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 206904.33 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 542630.06 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 289892.43 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 252737.63 |

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard S Griffith**

Mailing Address **PO BOX 91610**

City **Lafayette** State **LA** Zip Code **70509-1610**

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

Name of Employer **Self Employed** Occupation **Investor**

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 / 03 / 2014**

**Transaction ID : AF8D447C2034C40EFB4C**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ruth Ann Moldenhauer**

Mailing Address **6850 Romeo Rd**

City **Saint Paul** State **MN** Zip Code **55125-2446**

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

Name of Employer **None** Occupation **Homemaker**

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 / 11 / 2014**

**Transaction ID : A1AC8847DB4FF43319C4**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **5696 Highway 7**

City **Lester Prairie** State **MN** Zip Code **55354-6415**

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

Name of Employer **Self Employed** Occupation **Dairy farmer**

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 / 03 / 2014**

**Transaction ID : A003D253106A14F7FBDD**

Amount of Each Receipt this Period  
**200.00**

**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 6 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 60 S. 6th St. Ste. 2535

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Minneapolis | State<br>MN | Zip Code<br>55402-4406 |
|---------------------|-------------|------------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>North Central Equity LLC | Occupation<br>President |
|--|-------------------------|

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 / 21 / 2014

**Transaction ID : AF1CCCA3F18D04D03AD7**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9106 Breckenridge Lane

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Eden Prairie | State<br>MN | Zip Code<br>55347-3442 |
|----------------------|-------------|------------------------|

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

|   |                        |
|---|------------------------|
| Name of Employer<br>Bowman and Brooke LLP | Occupation<br>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  
 01 / 30 / 2014

**Transaction ID : AEFF2CDE6CB684C06B57**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6865 NE Perle Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Chanhausen | State<br>MN | Zip Code<br>55317 |
|--------------------|-------------|-------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>Information Requested | Occupation<br>Information Requested |
|---|-------------------------------------|

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 / 28 / 2014

**Transaction ID : A5E16A22AAABF4B5CAAE**

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 7 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1109 1st St. S

City State Zip Code  
Cold Spring MN 56320-2111

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

Name of Employer Occupation Information Requested  
Information Requested

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 / 28 / 2014

**Transaction ID : AEFD8A103DBFD464D943**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 811 Mileston Dr.

City State Zip Code  
Silver Spring MD 20904-2710

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

Name of Employer Occupation Information Requested  
Cassidy and Associates Consultant

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 / 12 / 2014

**Transaction ID : A3685A360F4CA479CAE7**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 90 Clay Cliffe Dr

City State Zip Code  
Excelsior MN 55331-9509

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

Name of Employer Occupation Information Requested  
Lexus of Wayzata Auto Dealer

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 : AA51E1C8E986D4DEE998**

Amount of Each Receipt this Period  
600.00

**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 8 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 737 Jansen Ave. SE

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Hanover | State<br>MN | Zip Code<br>55341-4096 |
|-----------------|-------------|------------------------|

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

|   |                     |
|---|---------------------|
| Name of Employer<br>Remancho Hydraulics | Occupation<br>Owner |
|---|---------------------|

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 : A0465C525FE564EF383E**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6 Hunter Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Bel Air | State<br>MD | Zip Code<br>21014-3934 |
|-----------------|-------------|------------------------|

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

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>None | Occupation<br>Retired |
|--------------------------|-----------------------|

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  
 01 / 29 / 2014

**Transaction ID : A2605803AA4B1400F8CC**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 70 Spruce St

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Saint Paul | State<br>MN | Zip Code<br>55115-1947 |
|--------------------|-------------|------------------------|

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

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>None | Occupation<br>Retired |
|--------------------------|-----------------------|

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 / 11 / 2014

**Transaction ID : AA6691095AB2245AE880**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00



**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dan O'Hara**

Mailing Address 224 33rd Ave. S.

City State Zip Code  
Waite Park MN 56387-4520

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

Name of Employer Occupation  
Midwest Coin Concepts Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : A506807DDEDAD4E32812**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 88432

City State Zip Code  
Sioux Falls SD 57109-8432

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

Name of Employer Occupation  
James R. Anderson Secretary

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 : A3CDFD3F01D234DE5A2E**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Tatnall Lea Hillman**

Mailing Address 504 W Bleeker St

City State Zip Code  
Aspen CO 81611-1228

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

Name of Employer Occupation  
None Retired

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 / 28 / 2014

**Transaction ID : AF1CE720950AE47DDAF2**

Amount of Each Receipt this Period  
2600.00

**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 10 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 3630 Plum Creek Dr

City Saint Cloud State MN Zip Code 56301-9540

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

Name of Employer Anderson Trucking Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A6D100EFBA814441FAEB**

Amount of Each Receipt this Period  
 2600.00

5200.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Rosemary Giumarra**

Mailing Address 412 N Kanai Dr.

City Porterville State CA Zip Code 93257-6911

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : A99C1BA8788CB461E9F9**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

Mailing Address 40494 County Road 1

City Rice State MN Zip Code 56367-7505

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

Name of Employer Bernick's Beverages & Vending Occupation Director of Corporate Affairs

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 : AA594D78DFBBF4F569A3**

Amount of Each Receipt this Period  
 2000.00

2500.00

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

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

5600.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 17638 Lyons St NE

City Forest Lake State MN Zip Code 55025-8854

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 **250.00**

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

**Transaction ID : AE536FE4972794EDABAE**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Timothy E Laughlin**

Mailing Address 6001 Pelican Bay Blvd Apt 101

City Naples State FL Zip Code 34108-8167

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

Name of Employer Information Requested Occupation Information Requested

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 / 03 / 2014

**Transaction ID : ADFBC9F8DA2094C0F8EB**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Miss Linda Kendall**

Mailing Address 50 Club House Rd

City Key Largo State FL Zip Code 33037-3600

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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : AAC7655DB2A6D406FBE5**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1150.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1881 N. Nash St. #1606

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22209-1570 |
|-------------------|-------------|------------------------|

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

|                               |                                     |
|-------------------------------|-------------------------------------|
| Name of Employer<br>Medtronic | Occupation<br>VP Government 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 / 20 / 2014

**Transaction ID : AA55FE70678F643FCBEA**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 28010 Woodside Rd.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Excelsior | State<br>MN | Zip Code<br>55331-7952 |
|-------------------|-------------|------------------------|

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

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>None | Occupation<br>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  
 02 / 06 / 2014

**Transaction ID : AC7F3D4D1E712472C93D**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11080 Fairhill Ave SE

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Delano | State<br>MN | Zip Code<br>55328-8350 |
|----------------|-------------|------------------------|

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

|  |                               |
|--|-------------------------------|
| Name of Employer<br>Center Insurance Agency, Inc | Occupation<br>Insurance Agent |
|--|-------------------------------|

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 / 24 / 2014

**Transaction ID : ACD40D86A0257415B92D**

Amount of Each Receipt this Period  
100.00

**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 13 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 6 Hunter Dr

City State Zip Code  
Bel Air MD 21014-3934

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**640.00**

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

**Transaction ID : A179B20675FA247C395C**

Amount of Each Receipt this Period  
**140.00**

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

Mailing Address 500 Robert St N #611

City State Zip Code  
Saint Paul MN 55101-4456

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

Name of Employer Occupation  
Hill Capitol Strategies Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**373.00**

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

**Transaction ID : A3CDC83F4F37846DE961**

Amount of Each Receipt this Period  
**175.00**

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

Mailing Address 1064 Washburn Ave

City State Zip Code  
Belgrade MN 56312-4630

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

Name of Employer Occupation  
N America State Bank Banker

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 / 17 / 2014**

**Transaction ID : A2CFEB0F36C30466CB05**

Amount of Each Receipt this Period  
**500.00**

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

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

**815.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 5123 Lake Ridge Rd

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Minneapolis | MN    | 55436-1234 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| None             | Homemaker  |

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 / 31 / 2014

**Transaction ID : AFA595152CD174B0BA94**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 400.00

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

Mailing Address PO Box 605

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Waite Park | MN    | 56387-0605 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| None             | Retired    |

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 / 28 / 2014

**Transaction ID : A6574F9C5797347D3A67**

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

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

Mailing Address 39663 W Thorpe Ave

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Deer River | MN    | 56636-3235 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| Self Employed    | Engineer   |

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  
 02 / 03 / 2014

**Transaction ID : A21160F6DED5B449E854**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

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

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

\_\_\_\_\_ 1600.00

\_\_\_\_\_

**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 15 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 4601 Excelsior Blvd #650

City State Zip Code  
Minneapolis MN 55416-4977

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

Name of Employer Information Requested Occupation Information Requested

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 : A7B70FB3E613149D6890**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Doreen E Borg**

Mailing Address 15455 110th St

City State Zip Code  
Young America MN 55397-9453

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

Name of Employer Information Requested Occupation Information Requested  
None Homemaker

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 / 18 / 2014

**Transaction ID : AE345FCF198DF4697B60**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Elizabeth Resnik**

Mailing Address 635 S Park Centre Ave Apt 1221

City State Zip Code  
Green Valley AZ 85614-6276

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : A9C523B7C4D3B4C89BBD**

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 16 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2 Larkspur Ln

City North Oaks State MN Zip Code 55127-2006

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

Name of Employer Mason Public Affairs Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : A89E060DD0E9D465396A**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 6595 48th Ave SE

City Saint Cloud State MN Zip Code 56304-9555

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : AB86AA1AEF0E44A348A9**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 13429 County Road 7 NW

City Clearwater State MN Zip Code 55320-2202

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

Name of Employer Franklin Outdoor Advertising Occupation President

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 : A31DB4704901C448CAD5**

Amount of Each Receipt this Period  
 500.00

**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 17 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 7620 Atherton Way

City Eden Prairie State MN Zip Code 55346-4414

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 **250.00**

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

**Transaction ID : A1E57CA548578413AB00**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1825 Nevada Ave. S

City Minneapolis State MN Zip Code 55426-2031

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

Name of Employer St. Vincent's Church Occupation Musician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : A9E2FEFC5F3674178AE0**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address PO Box 813

City Saint Cloud State MN Zip Code 56302-0813

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

Name of Employer Design Electric Inc Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : AE6465ED44E154E87AA0**

Amount of Each Receipt this Period  
**250.00**

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

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

**400.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert D Fisher**

Mailing Address 727 S Florida Ave

City Deland State FL Zip Code 32720-6825

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 **250.00**

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

**Transaction ID : AFCEB9E51AFA0476388E**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1354 Rest Point Cr

City Mound State MN Zip Code 55364-9618

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

Name of Employer Walsh Partners Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1700.00**

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

**Transaction ID : AB38065E7A93343668C5**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 3100 Edward St NE

City Minneapolis State MN Zip Code 55418-2355

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 **470.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A138F20636D23489085C**

Amount of Each Receipt this Period  
**20.00**

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

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

**1120.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address W10840 875th Ave.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>River Falls | State<br>WI | Zip Code<br>54022-4730 |
|---------------------|-------------|------------------------|

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

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Consultant |
|-----------------------------------|--------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : A93656253A0E44B129F8**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 2403 Valley Dr

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Northfield | State<br>MN | Zip Code<br>55057-3224 |
|--------------------|-------------|------------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>University of Minnesota | Occupation<br>Physician |
|---|-------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : A54B7B3C4184F422D8C6**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 933

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Fairmont | State<br>MN | Zip Code<br>56031-0933 |
|------------------|-------------|------------------------|

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

|                                       |                   |
|---------------------------------------|-------------------|
| Name of Employer<br>Rosen Diversified | Occupation<br>CEO |
|---------------------------------------|-------------------|

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 : A5A180F58EFB348A5815**

Amount of Each Receipt this Period  
2600.00

**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 20 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Nancy M Dickinson**

Mailing Address 500 Greedbrier Dr Apt 308

City State Zip Code  
Charlottesville VA 22901-3503

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : A1841D1F7D4F6465F8C7**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Herbert Siegel**

Mailing Address 190 E 72nd St

City State Zip Code  
New York NY 10021-4370

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

Name of Employer Information Requested Occupation Information Requested  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : AAC810032509D44C2A3C**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7701 Ridgecrest Dr.

City State Zip Code  
Alexandria VA 22308-1052

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

Name of Employer Information Requested Occupation Information Requested  
Mercury, LLC Partner

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 : A1E35AB09D46540C0AC9**

Amount of Each Receipt this Period  
 500.00

**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 21 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert W Garthwait Sr**

Mailing Address PO Box 1367

City Waterbury State CT Zip Code 06721-1367

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

Name of Employer Cly Del Mfg Co Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : AFC6AECE71018464EA55**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara A Anderson**

Mailing Address 3630 Plum Creek Dr

City Saint Cloud State MN Zip Code 56301-9540

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A5B9A8D19E3E74794802**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**John L Vignes**

Mailing Address 14352 Heywood Ave

City Saint Paul State MN Zip Code 55124-6742

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

Name of Employer Advanced Birthright Nutrition Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : ACF8E2727BBB14E5CA4F**

Amount of Each Receipt this Period  
 10.00

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

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

2910.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 10940 57th Ave N

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Minneapolis | State<br>MN | Zip Code<br>55442-1667 |
|---------------------|-------------|------------------------|

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

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>None | Occupation<br>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 / 24 / 2014

**Transaction ID : A0B92B596BBC74E6A97F**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Leslie Bernick Netter**

Mailing Address 40091 County Road 1

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Rice | State<br>MN | Zip Code<br>56367-9593 |
|--------------|-------------|------------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>Bernick's Beverage | Occupation<br>Executive |
|--|-------------------------|

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 / 31 / 2014

**Transaction ID : AAC9308AA2C40405E8EF**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9375 Pierson Lake Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Chaska | State<br>MN | Zip Code<br>55318-9301 |
|----------------|-------------|------------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>Catalyst Medical Clinic | Occupation<br>Physician |
|---|-------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

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

**Transaction ID : A58FBAE88324B48EBA55**

Amount of Each Receipt this Period  
300.00

**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 23 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 16540 Grays Bay Blvd

City State Zip Code  
Wayzata MN 55391-2915

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

Name of Employer Occupation  
Cold Spring Granite President

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 : A35B32677A9C14A3AB42**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J Merz**

Mailing Address 3201 Dartmouth Dr

City State Zip Code  
Excelsior MN 55331-8844

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

Name of Employer Occupation  
None Retired

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 / 21 / 2014

**Transaction ID : A4B03406DDBBC47CE9F9**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1179 County Rd 37 NE

City State Zip Code  
Buffalo MN 55313-3111

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

Name of Employer Occupation  
Self-Employed Trucking

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 / 24 / 2014

**Transaction ID : AA07D37549E85484B903**

Amount of Each Receipt this Period  
50.00

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

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

400.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2455 Delaware Ave.

City Saint Paul State MN Zip Code 55118-4806

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

Name of Employer Vector Wealth Management, LLC Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

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

**Transaction ID : A79357D2E47F4497EAEE**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 200 Ocean Lane Dr., #1002

City Key Biscayne State FL Zip Code 33149-1420

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 07 / 2014

**Transaction ID : A48ABDAF15F4F4061868**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7687 Whitney Dr.

City Saint Paul State MN Zip Code 55124-5404

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

Name of Employer Self Employed Occupation Real Estate

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 : A94A2F2A85D8345A9B77**

Amount of Each Receipt this Period  
500.00

**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 25 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 14352 Heywood Ave

City Saint Paul State MN Zip Code 55124-6742

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

Name of Employer Advanced Birthright Nutrition Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

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

**Transaction ID : A4818F6BDC116419CB36**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Russell E Greninger**

Mailing Address 10075 Kahler Ave NE

City Monticello State MN Zip Code 55362-8181

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A26E83E7D83F544D68F5**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Brehm**

Mailing Address 430 South Brown Road

City Wayzata State MN Zip Code 55391-9314

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 **3000.00**

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

**Transaction ID : A61F75620CE3F40ABA1B**

Amount of Each Receipt this Period  
**400.00**

**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 26 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 4350 55th St SE

City State Zip Code  
Delano MN 55328-8178

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

Name of Employer Occupation  
Star West Cheverolet-Honda Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : A725B010045ED45DF970**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Janice D Smith**

Mailing Address 812 Osceola Ave

City State Zip Code  
Saint Paul MN 55105-3328

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

Name of Employer Occupation  
None 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  
 02 / 11 / 2014

**Transaction ID : A986C844000A847B9AEB**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 157 Stonebridge Rd

City State Zip Code  
Saint Paul MN 55118-4481

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

Name of Employer Occupation  
Mairs and Power, Inc. Executive

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 / 21 / 2014

**Transaction ID : AA92476ED5901483686B**

Amount of Each Receipt this Period  
200.00

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

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

375.00

**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 27 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2905 Lexington Ave S

City Eagan State MN Zip Code 55121-1589

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

Name of Employer Gresser Co. Occupation President

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 / 24 / 2014**

**Transaction ID : A05292844B24C46F0AF6**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ruth Ann Moldenhauer**

Mailing Address 6850 Romeo Rd

City Saint Paul State MN Zip Code 55125-2446

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

Name of Employer None Occupation Homemaker

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 / 11 / 2014**

**Transaction ID : A33E23004B1E24983A5D**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 11761 Sandy Point Ln NE

City Rochester State MN Zip Code 55906-8859

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

Name of Employer Weis Builders Occupation Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

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

**Transaction ID : AF26BF71B29704969B37**

Amount of Each Receipt this Period  
**500.00**

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

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

**700.00**

**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 28 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 17723 105th St SW

City Prinsburg State MN Zip Code 56281-9704

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

Name of Employer Self Employed Occupation Farmer

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 : A04CF018A03704402955**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Phyllis R Latour**

Mailing Address 14193 68th St NW

City Annandale State MN Zip Code 55302-3408

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

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

**Transaction ID : AFB AE8634707A4D0394F**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 1805 W Lake St

City Minneapolis State MN Zip Code 55408-2563

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

Name of Employer Josten's Occupation CEO

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 : AA78D88154A434A588EA**

Amount of Each Receipt this Period  
 100.00

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

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

700.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1155 15th St.

City Washington State DC Zip Code 20005-2706

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

Name of Employer Base Connect Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

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

**Transaction ID : ABC3421015DDC4593A32**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 6180 Lanewood Ln. N

City Minneapolis State MN Zip Code 55446-4543

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 **400.00**

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

**Transaction ID : A600C4E3327404522B52**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 7900 Xerxes Ave S Ste 1500

City Minneapolis State MN Zip Code 55431-1128

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

Name of Employer Larkin Hoffman & Lindgren Occupation Principal

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 / 13 / 2014**

**Transaction ID : A387C6316C5CF4E1F992**

Amount of Each Receipt this Period  
**200.00**

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

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

**1300.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Hunn-Miesen**

Mailing Address 1316 Ruggles St

City Saint Paul State MN Zip Code 55113-6170

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

Name of Employer Keys Restaurant Occupation 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  
 03 / 11 / 2014

**Transaction ID : A21189C55FFBC4C78938**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**David D Oren**

Mailing Address 6977 Black Duck Dr

City Lino Lakes State MN Zip Code 55014-1319

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

Name of Employer Dart Transit Occupation Manager

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 / 11 / 2014

**Transaction ID : A42C18318846249B1BF8**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 16819 102nd St., SE

City Becker State MN Zip Code 55308-8777

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

Name of Employer Information Requested Occupation Information Requested

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 / 11 / 2014

**Transaction ID : A3DF139B08A034BB3AD0**

Amount of Each Receipt this Period  
**100.00**

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

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

**2750.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rollis Anderson</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 29 / 2014 |  |
| Mailing Address 3630 Plum Creek Dr  |                                   | <b>Transaction ID : AD1F6C614FE664FEF9A1</b>                 |  |
| City<br>Saint Cloud   | State<br>MN                       | Zip Code<br>56301-9540                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2600.00                |  |
| Name of Employer<br>Anderson Trucking   | Occupation<br>CEO                 |  |  |
| 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>B. Larry E Messerli</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>02 / 06 / 2014 |  |
| Mailing Address 6732 Garfield Ave   |                                  | <b>Transaction ID : A4CCB75DBC3F64F848D3</b>                 |  |
| City<br>Richfield   | State<br>MN                      | Zip Code<br>55423-2307                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>100.00                 |  |
| Name of Employer<br>Messerli & Kramer   | Occupation<br>CPA                |  |  |
| 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>C. Chloe Moran</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 29 / 2014 |  |
| Mailing Address 358 Ferndale Rd S   |                                     | <b>Transaction ID : AD3B72C0FFE54341966</b>                  |  |
| City<br>Wayzata   | State<br>MN                         | Zip Code<br>55391-1509                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00                |  |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested |  |  |
| 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).....           | 3700.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas P Seaton**

Mailing Address 4306 Sunnyside Rd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Edina | MN    | 55424-1101 |

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

|                      |            |
|----------------------|------------|
| Name of Employer     | Occupation |
| Seaton Beck & Peters | Attorney   |

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 / 28 / 2014

**Transaction ID : A4FA8A58629784DD5804**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 720 Tower Dr

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Hamel | MN    | 55340-9691 |

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

|                                  |            |
|----------------------------------|------------|
| Name of Employer                 | Occupation |
| All Around Property Preservation | Partner    |

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 / 28 / 2014

**Transaction ID : A6701901A1E8D471BA9C**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 5959 Trenton Ln N

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Minneapolis | MN    | 55442-3237 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| None             | Homemaker  |

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 / 21 / 2014

**Transaction ID : A4A13232BF6AE4348A9E**

Amount of Each Receipt this Period  
2600.00

**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 33 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra T Hornig**

Mailing Address 2494 Copeland Rd

City State Zip Code  
Maple Plain MN 55359-9719

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

Name of Employer Occupation  
None Homemaker

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 / 21 / 2014

**Transaction ID : AF195F363E43C471993E**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5160 Malibu Dr.

City State Zip Code  
Minneapolis MN 55436-2714

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

Name of Employer Occupation  
None Retired

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 / 21 / 2014

**Transaction ID : AC0BFEDF207664DFBAB0**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 17711 Game Rd.

City State Zip Code  
Preston MN 55965-1332

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : AAF8194EA879A403586A**

Amount of Each Receipt this Period  
250.00

**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 34 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 6882 County Road 39 NE

City Monticello State MN Zip Code 55362-2915

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A255005036671475F9E2**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gail W Smith**

Mailing Address 11755 SE Timber Valley Dr

City Happy Valley State OR Zip Code 97086-8388

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : AE30913952B2045FFB21**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 72515 237th St

City Dassel State MN Zip Code 55325-3489

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

Name of Employer Information Requested Occupation Information Requested  
 Self-Employed Pork Producer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A4085BE7F324D4FB0A7E**

Amount of Each Receipt this Period  
 250.00

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

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

800.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 20 Oriole Ln

City Saint Paul State MN Zip Code 55127-6319

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

Name of Employer Self-Employed Occupation Hospitality Services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
320.00

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

**Transaction ID : A1328FB9E5782408FA26**

Amount of Each Receipt this Period  
320.00

In-kind: Event Catering

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

Mailing Address 4660 Weston Woods Way

City Saint Paul State MN Zip Code 55127-6339

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  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : A1206DD6AFC584438AEF**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John J O'Brien**

Mailing Address 24 Park Hill Apt 2

City Albany State NY Zip Code 12204-2114

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 / 10 / 2014

**Transaction ID : A540A170C3EFA4B31818**

Amount of Each Receipt this Period  
100.00

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

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

920.00

**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 36 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 17950 Breezy Point Rd

City State Zip Code  
Wayzata MN 55391-2712

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

Name of Employer Occupation  
Telluride Asset Management Portfolio Manager

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 : A9CF1AF10DC2B4929AE5**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5420 Lexington Ave N

City State Zip Code  
Shoreview MN 55126-1387

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

Name of Employer Occupation  
Priority Courier Experts Transportation

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 : AB39C889C78EE406788B**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2506 Duxbury Pl.

City State Zip Code  
Alexandria VA 22308-2138

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

Name of Employer Occupation  
In Stitches Needlework Sales

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 : A8441341FF175484E946**

Amount of Each Receipt this Period  
500.00

**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 37 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Brehm**

Mailing Address 430 South Brown Road

City State Zip Code  
Wayzata MN 55391-9314

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

Name of Employer Occupation  
None 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  
 03 / 28 / 2014

**Transaction ID : A77E2911181EF47529BD**

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Jo Feltl**

Mailing Address 7040 Willow Creek Rd

City State Zip Code  
Eden Prairie MN 55344-3224

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

Name of Employer Occupation  
Feltl and Company President

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 / 26 / 2014

**Transaction ID : ADF3B16F2AD904235A7E**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 213 Cimarron Rd

City State Zip Code  
Saint Paul MN 55124-9794

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

Name of Employer Occupation  
None 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 / 13 / 2014

**Transaction ID : A3DEB0A4C449B4637B99**

Amount of Each Receipt this Period  
50.00

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

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

2650.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address **PO Box 88432**

City **Sioux Falls** State **SD** Zip Code **57109-8432**

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

Name of Employer **James R. Anderson** Occupation **Secretary**

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 / 31 / 2014**

**Transaction ID : AE5B580E403CF49BF82A**

Amount of Each Receipt this Period  
**600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Curtis A Sampson**

Mailing Address **PO Box 698**

City **Hector** State **MN** Zip Code **55342-0698**

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

Name of Employer **Communications Systems** Occupation **Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

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

**Transaction ID : A9C9FA26C1E4E4E858FB**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gene M Borrell**

Mailing Address **4908 70th St SW**

City **Waverly** State **MN** Zip Code **55390-8411**

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

Name of Employer **Self Employed** Occupation **Truck Driver**

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  
**02 / 06 / 2014**

**Transaction ID : A4D8CC4C9B66045DF991**

Amount of Each Receipt this Period  
**75.00**

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

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

**875.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2268 Timberland Ct

City State Zip Code  
Clearwater MN 55320

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

Name of Employer Occupation  
Pleasureland RV Center President

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 / 28 / 2014

**Transaction ID : A2535265E64BE4DA595B**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Terry O'Hara**

Mailing Address 3421 21st Ave. S.

City State Zip Code  
Saint Cloud MN 56301-9040

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

Name of Employer Occupation  
Central Gaming Services Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : A8F8DDCC5CD6E43E9A9C**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1805 W Lake St

City State Zip Code  
Minneapolis MN 55408-2563

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

Name of Employer Occupation  
Josten's CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : A15C03CBD5B674B2FB3C**

Amount of Each Receipt this Period  
900.00

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

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

3900.00

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 3054 Riviera Rd

City Sartell State MN Zip Code 56377-9756

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

Name of Employer Gold'n Plump Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A75695152BBAC4D648C0**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 928 E Shady Ln

City Wayzata State MN Zip Code 55391-1830

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : AFFBF06C63BDA4D4BBFE**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**James O'Rourke**

Mailing Address 2730 Zircom Lane

City Minneapolis State MN Zip Code 55447-1579

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

Name of Employer Cummins NPower LLC Occupation Sales

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 / 26 / 2014

**Transaction ID : A0A76E671F32E4433B2C**

Amount of Each Receipt this Period  
 300.00

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

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

1050.00



**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address **PO Box 933**

City **Fairmont** State **MN** Zip Code **56031-0933**

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

Name of Employer **Rosen Diversified** Occupation **CEO**

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  
**03 / 31 / 2014**

**Transaction ID : AD90B4D525DB74A2AA76**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Giuseppe Cecchi**

Mailing Address **1700 N Moore St**

City **Arlington** State **VA** Zip Code **22209-2793**

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

Name of Employer **The IDI Group** Occupation **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 Y Y  
**01 / 31 / 2014**

**Transaction ID : AFA670849A79748659F3**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Gerda A Koontz**

Mailing Address **PO Box 9529**

City **Newport Beach** State **CA** Zip Code **92658-9529**

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

Name of Employer **None** Occupation **Homemaker**

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  
**01 / 10 / 2014**

**Transaction ID : ACFE564DD692C4A15A0D**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3200.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Victor V Vandamme**

Mailing Address 5113 Patricia Ave

City: Las Vegas State: NV Zip Code: 89130-2609

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: 400.00

Date of Receipt: 03 / 27 / 2014

**Transaction ID : A5CB2CDFEF0C94642A48**

Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James Downey**

Mailing Address 2600 Newbridge Rd

City: Los Altos State: CA Zip Code: 94022

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

Name of Employer: Altos Sonoma Corp Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 04 / 2014

**Transaction ID : A1DF02D82B179469CBAB**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
**James M Schaffhausen**

Mailing Address 5708 View Ln

City: Minneapolis State: MN Zip Code: 55436-1121

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

Name of Employer: Twin City Orthopedics Occupation: Orthopedics

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 01 / 29 / 2014

**Transaction ID : AA00792134415471CB9B**

Amount of Each Receipt this Period: 300.00

**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: PAGE 43 OF 140  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

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

Mailing Address 33 Crescent Ter

City State Zip Code  
Minneapolis MN 55436-1318

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

Name of Employer Occupation  
Town Country Interiors Executive

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 / 24 / 2014

**Transaction ID : AE2BA95755D05475E934**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 264 77th St. SE

City State Zip Code  
Delano MN 55328-8003

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

Name of Employer Occupation  
HJ Development Real Estate Developer

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 / 26 / 2014

**Transaction ID : A71938568C8EE4807882**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 7007 Sandy Hook Cr

City State Zip Code  
Chanhassen MN 55317-9315

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

Name of Employer Occupation  
Information Requested Information Requested

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 / 28 / 2014

**Transaction ID : A2D00EA5DDBA44C0380C**

Amount of Each Receipt this Period  
500.00

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

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

700.00

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Cherna Moskowitz**

Mailing Address 4744 N Bay Rd

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Miami Beach | FL    | 33140-2814 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| None             | retired    |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : AE4A855404D514302B0D**

Amount of Each Receipt this Period

1000.00

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

Mailing Address 2373 Lehman Lane NE

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Minneapolis | MN    | 55449-5494 |

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

|                       |                       |
|-----------------------|-----------------------|
| Name of Employer      | Occupation            |
| Information Requested | Information Requested |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A9AB4562B238045A7BDC**

Amount of Each Receipt this Period

100.00

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

Mailing Address 5959 Trenton Ln N

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Plymouth | MN    | 55442-3237 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| Twin City Fan    | CEO        |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : A1260B3268B08485CA67**

Amount of Each Receipt this Period

2600.00

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 45 OF 140  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joan M Neururer**

Mailing Address 3569 100th St SW

City State Zip Code  
Waverly MN 55390-8619

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

Name of Employer Occupation  
None 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 Y  
 03 / 26 / 2014

**Transaction ID : AC4EF6DEE3B04469E853**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1354 Rest Point Cr

City State Zip Code  
Mound MN 55364-9618

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

Name of Employer Occupation  
Walsh Partners Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : A47AD537807DC4FDE9AC**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 90 Clay Cliffe Dr

City State Zip Code  
Excelsior MN 55331-9509

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

Name of Employer Occupation  
Lexus of Wayzata Auto Dealer

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  
 03 / 31 / 2014

**Transaction ID : A73C503F29A384B1DAD4**

Amount of Each Receipt this Period  
400.00

**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 46 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1085 125th St NW

City Rice State MN Zip Code 56367-9324

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **883.65**

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

**Transaction ID : AECFAFEC9B5974F91B93**

Amount of Each Receipt this Period  
**383.65**

In-kind: In Kind Event Catering

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

Mailing Address 5123 Lake Ridge Rd

City Minneapolis State MN Zip Code 55436-1234

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

Name of Employer Information Requested Occupation Information Requested  
 None Homemaker

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 / 31 / 2014**

**Transaction ID : A54ACC826D67F4887B5C**

Amount of Each Receipt this Period  
**1600.00**

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

Mailing Address 1085 125th St NW

City Rice State MN Zip Code 56367-9324

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **883.65**

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

**Transaction ID : A07667E29246545A89A9**

Amount of Each Receipt this Period  
**500.00**

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

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

**2483.65**

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2455 Delaware Ave.

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Saint Paul | MN    | 55118-4806 |

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

|                               |            |
|-------------------------------|------------|
| Name of Employer              | Occupation |
| Vector Wealth Management, LLC | Executive  |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

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

**Transaction ID : A13034DB234F04793B29**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 14274 Trace Ridge Road

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Wayzata | MN    | 55391-4200 |

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

|                   |            |
|-------------------|------------|
| Name of Employer  | Occupation |
| Renters Warehouse | Owner      |

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  
 03 / 28 / 2014

**Transaction ID : AD6439067D5F64BB0AFE**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 1525 Hunter Dr

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Wayzata | MN    | 55391-9661 |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| None             | Retired    |

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 / 26 / 2014

**Transaction ID : A42EE5D4A6F75497F861**

Amount of Each Receipt this Period  
1000.00

**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 48 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald G Oren**

Mailing Address 3105 Sandy Hook Dr

City State Zip Code  
Roseville MN 55113-2128

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

Name of Employer Occupation  
Dart Transit 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 / 22 / 2014

**Transaction ID : AB641F725B5564F398B7**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 47003 333rd Ave.

City State Zip Code  
Kasota MN 56050-4271

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

Name of Employer Occupation  
Information Requested Information Requested

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 / 13 / 2014

**Transaction ID : AC4239D9F96C94D32AC2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph T O'Neill**

Mailing Address 525 Lexington Pkwy S  
Apt 505

City State Zip Code  
Saint Paul MN 55116-1749

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : A284B51A846D34EC3B8E**

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 49 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 14274 Trace Ridge Road

City State Zip Code  
Wayzata MN 55391-4200

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

Name of Employer Information Requested Occupation Information Requested

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 : A5E9713B16AB041D585D**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Ella M Helm**

Mailing Address 3385 Hallmark Dr SE

City State Zip Code  
Marietta GA 30067-5110

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

Name of Employer Information Requested Occupation Information Requested  
None 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 / 24 / 2014

**Transaction ID : A60954C8233C84867933**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 8080 Dawn Drive

City State Zip Code  
Rockford MN 55373-9315

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

Name of Employer Information Requested Occupation Information Requested  
Honeywell Engineer

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 / 18 / 2014

**Transaction ID : AC7B7E969B7014C57969**

Amount of Each Receipt this Period  
250.00

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

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

525.00

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stephan Hobson**

Mailing Address 4963 Bacopa Ln S Unit 105

City State Zip Code  
Saint Petersburg FL 33715-2624

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

Name of Employer Occupation  
None Retired

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 / 18 / 2014

**Transaction ID : AA50603AD1A514B30829**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. D Eugene Nugent**

Mailing Address 8960 Bay Colony Dr

City State Zip Code  
Naples FL 34108-0760

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

Name of Employer Occupation  
None 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  
 03 / 05 / 2014

**Transaction ID : A1A53F416A5F04E91AE1**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 156

City State Zip Code  
Loretto MN 55357-0156

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

Name of Employer Occupation  
None Retired

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 / 24 / 2014

**Transaction ID : A721B2003E7154ED1990**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edwin L Devilbiss**

Mailing Address 38 Spartina Point Dr.

|                    |       |            |
|--------------------|-------|------------|
| City               | State | Zip Code   |
| Hilton Head Island | SC    | 29926-1077 |

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

|  |                                  |
|--|----------------------------------|
| Name of Employer Information Requested | Occupation Information Requested |
|  |                                  |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : A3E915291423C49C19D6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 408 Natchez Ave. South

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Minneapolis | MN    | 55416-3310 |

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

|  |                                  |
|--|----------------------------------|
| Name of Employer Information Requested | Occupation Information Requested |
|  |                                  |

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 / 13 / 2014

**Transaction ID : A42259B44B39D4857924**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 2049 Pleasant Ave

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Saint Cloud | MN    | 56303-0225 |

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

|  |                                  |
|--|----------------------------------|
| Name of Employer Information Requested | Occupation Information Requested |
| Self Employed                          | Insurance Broker                 |

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 / 28 / 2014

**Transaction ID : ABD4BA2A8334B4AB7A11**

Amount of Each Receipt this Period  
300.00

**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 52 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 300 1st Ave N

City State Zip Code  
Minneapolis MN 55401-1600

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

Name of Employer Occupation  
Parker Rosen LLC Attorney

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 : A779908939C754D4EA18**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara A Anderson**

Mailing Address 3630 Plum Creek Dr

City State Zip Code  
Saint Cloud MN 56301-9540

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

Name of Employer Occupation  
None Homemaker

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  
 03 / 29 / 2014

**Transaction ID : A5C4FA98D2A50458A8E5**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sue M Cannon**

Mailing Address 6420 W Lakeridge Rd

City State Zip Code  
Lakewood CO 80227-3909

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

Name of Employer Occupation  
None 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 Y Y  
 03 / 28 / 2014

**Transaction ID : AF543CB7C30554D7CA45**

Amount of Each Receipt this Period  
1000.00

**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 53 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 28130 Boulder Bridge Dr.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Excelsior | State<br>MN | Zip Code<br>55331-7960 |
|-------------------|-------------|------------------------|

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

|  |                   |
|--|-------------------|
| Name of Employer<br>Japs-Olson Company | Occupation<br>CEO |
|--|-------------------|

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 / 21 / 2014

**Transaction ID : AA5DABE8905184D30B9C**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Russell S King**

Mailing Address 3 Red Forest Hts

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>North Oaks | State<br>MN | Zip Code<br>55127-6353 |
|--------------------|-------------|------------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>King Capital Corporation | Occupation<br>President |
|--|-------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

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

**Transaction ID : A46AF58623B954D1DAFA**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2838 Fremont Ave S  
Unit 118

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Minneapolis | State<br>MN | Zip Code<br>55408-4803 |
|---------------------|-------------|------------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>Renter's Warehouse | Occupation<br>Executive |
|--|-------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

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

**Transaction ID : A759A1ADABE2A49A38FD**

Amount of Each Receipt this Period  
500.00

**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 54 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 555 Oak Ridge Place  
#130

City Hopkins State MN Zip Code 55305-4819

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

Name of Employer Self Employed 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 / 28 / 2014

**Transaction ID : AC955DE269FBD46D68BC**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6371 Pleasantview Cove

City Chanhassen State MN Zip Code 55317-9264

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

Name of Employer New Perspective Senior Living Occupation President-CEO

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 : AB5C18535E9EB47DDA61**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 480 W Paddock Cir

City Wayzata State MN Zip Code 55391-9516

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

Name of Employer Hampshire Labs Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A8FA16EC67C4A4BADB7D**

Amount of Each Receipt this Period  
 500.00

**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 55 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1937 Ewing Ave S

City Minneapolis State MN Zip Code 55416-3625

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

Name of Employer Self-Employed Occupation Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : AA43AD3372D3F434087E**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2455 Delaware Ave.

City Saint Paul State MN Zip Code 55118-4806

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

Name of Employer Vector Wealth Management, LLC Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

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

**Transaction ID : AA374CBD65AC7411780E**

Amount of Each Receipt this Period  
**850.00**

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

Mailing Address 7007 Sandy Hook Cr

City Chanhassen State MN Zip Code 55317-9315

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

Name of Employer Information Requested Occupation Information Requested

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 / 28 / 2014**

**Transaction ID : AE0FBF93A52CD4A3B8DF**

Amount of Each Receipt this Period  
**500.00**

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

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

**1450.00**

**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 56 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1669 Yankee Doodle Rd. #120

City State Zip Code  
Saint Paul MN 55121-1741

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : AE0C4D3C07F8846759A0**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 121 Westwood Ln

City State Zip Code  
Wayzata MN 55391-1532

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

Name of Employer Occupation Information Requested  
Growth Financial Services Member

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 / 28 / 2014

**Transaction ID : A4637FC2B087F471EB96**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1825 Nevada Ave. S

City State Zip Code  
Minneapolis MN 55426-2031

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

Name of Employer Occupation Information Requested  
St. Vincent's Church Musician

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 / 24 / 2014

**Transaction ID : AA1423B08034A4A0A9F2**

Amount of Each Receipt this Period  
25.00

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

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

725.00



**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address **2838 Fremont Ave S**  
**Unit 118**

City **Minneapolis** State **MN** Zip Code **55408-4803**

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

Name of Employer **Renter's Warehouse** Occupation **Executive**

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 : A2198FC0FD10047419D9**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **3750 Blackhawk Rd**

City **Saint Paul** State **MN** Zip Code **55122-1120**

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  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : ACE27B95659C54797A22**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Giuseppe Cecchi**

Mailing Address **1700 N Moore St**

City **Arlington** State **VA** Zip Code **22209-2793**

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

Name of Employer **The IDI Group** 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  
**03 / 12 / 2014**

**Transaction ID : A3DF3ED9DE99F4DD799A**

Amount of Each Receipt this Period  
**500.00**

**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 58 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 1155 15th St.

City Washington State DC Zip Code 20005-2706

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

Name of Employer Base Connect Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

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

**Transaction ID : A7597C719BFFD4039BC1**

Amount of Each Receipt this Period  
**1100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Ann Houck**

Mailing Address 1133 Roselawn Ave W

City Saint Paul State MN Zip Code 55113-5952

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 **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A0EDA28A99C5D416CB1E**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 16540 Grays Bay Blvd

City Wayzata State MN Zip Code 55391-2915

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

Name of Employer Cold Spring Granite Occupation President

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 : ACCF8968374A34084869**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3900.00**

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2601 Sunset Blvd  
Apt 3G

City Minneapolis State MN Zip Code 55416-4286

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

Name of Employer Self Employed Occupation Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

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

**Transaction ID : A2C9A14D9F7C545F88ED**

Amount of Each Receipt this Period  
800.00

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

Mailing Address 1937 Ewing Ave S

City Minneapolis State MN Zip Code 55416-3625

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

Name of Employer Self-Employed Occupation Insurance Broker

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 / 21 / 2014

**Transaction ID : AE9DD79D37E3A44148AF**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 7007 Sandy Hook Cir

City Chanhassen State MN Zip Code 55317-9315

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2224.40

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

**Transaction ID : ACB982AE9B57A4DB699C**

Amount of Each Receipt this Period  
1474.40  
In-kind: Event Catering

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

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

2374.40

**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 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 2479 Whitfield Dr.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Saint Paul | State<br>MN | Zip Code<br>55120-1717 |
|--------------------|-------------|------------------------|

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

|                                   |                     |
|-----------------------------------|---------------------|
| Name of Employer<br>McCarthy-Duce | Occupation<br>Sales |
|-----------------------------------|---------------------|

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 / 21 / 2014

**Transaction ID : AE60670AEC34E4E8CBAC**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**David R Thies**

Mailing Address 7250 Lewis Ridge Pkwy  
Apt 206

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Edina | State<br>MN | Zip Code<br>55439-1938 |
|---------------|-------------|------------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>Thies & Talle Enterprises | Occupation<br>Executive |
|---|-------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

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

**Transaction ID : AEE94601742D34B11BB5**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 388 Waycliffe Dr N

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Wayzata | State<br>MN | Zip Code<br>55391-1390 |
|-----------------|-------------|------------------------|

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

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>None | Occupation<br>Retired |
|--------------------------|-----------------------|

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 / 11 / 2014

**Transaction ID : A629E736E53034D4ABBD**

Amount of Each Receipt this Period  
1000.00

**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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 61 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 11080 Fairhill Ave SE

City State Zip Code  
Delano MN 55328-8350

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

Name of Employer Occupation  
Center Insurance Agency, Inc Insurance Agent

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 / 25 / 2014

**Transaction ID : AB4D5C62BF8D14E7EAEF**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6224 Lynn Way

City State Zip Code  
Saint Paul MN 55129-8401

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 25 / 2014

**Transaction ID : AB8CB27C2FEF34C32A15**

Amount of Each Receipt this Period  
75.00

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

Mailing Address PO Box 911

City State Zip Code  
Burnsville MN 55337-0911

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

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

**Transaction ID : A6A2776D4118F4D5F8E2**

Amount of Each Receipt this Period  
1100.00

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

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

1275.00

**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 62 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 220 S 6th St

City State Zip Code  
Minneapolis MN 55402-4502

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

Name of Employer Occupation  
Leland Frankman Law Offices 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 / 28 / 2014

**Transaction ID : A829E4C7F7BAF48B1A1A**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas R Prior**

Mailing Address 4067 Eaken Ave SE

City State Zip Code  
Delano MN 55328-5223

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

Name of Employer Occupation  
Self Employed Construction

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 : A98A89D63F5D7499B831**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Russomanno, Jr. D.D.S., P.A.**

Mailing Address 8910 Penn Ave. S.

City State Zip Code  
Bloomington MN 55431-2025

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

Name of Employer Occupation

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 : ACA548D799A66438F910**

Amount of Each Receipt this Period  
250.00

See Memo Entry

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

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

1050.00

**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 63 OF 140 |
|   | <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)  
**Emmer for Congress**

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

Mailing Address 8910 Penn Ave. S

City State Zip Code  
Minneapolis MN 55431-2025

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

Name of Employer Occupation  
Frank Russomanno, Jr. D.D.S, P.A. Dentist

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 : A33F2B26CBBFF48C5A45**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Partnership: Frank Russomanno, Jr. D.D.S., P.A.

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

Mailing Address 74208 360th St

City State Zip Code  
Kimball MN 55353-9567

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

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

**Transaction ID : AECD3E0AE7B2A4416BE3**

Amount of Each Receipt this Period  
500.00

See Memo Entry

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

Mailing Address 74208 360th St

City State Zip Code  
Kimball MN 55353-9567

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

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

**Transaction ID : A6D0C7206D0824BA5B8E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Partnership: Schiefelbein Farms

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

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

500.00

102298.05

**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 140                     |
| <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH 3RD STREET

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

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 / 11 / 2014

**Transaction ID : ABFDABE82FF8B4444970**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 300 N. MERIDIAN STREET  
SUITE 2700

City INDIANAPOLIS State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00386904

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 / 18 / 2014

**Transaction ID : AF76E32D83E7648E986A**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM CLUB FEDERAL PAC**

Mailing Address P. O. BOX 416

City Champlin State MN Zip Code 55316-0416

FEC ID number of contributing federal political committee. **C** C00307777

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 / 21 / 2014

**Transaction ID : A533B4ADC5AC94F158A5**

Amount of Each Receipt this Period  
 5000.00

**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 65 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrea Kieffer Citizens For Freedom**

Mailing Address 3793 Village Court

City Saint Paul State MN Zip Code 55125-9365

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 Y  
 03 / 26 / 2014

**Transaction ID : AAE8BC1AF22204B5F91E**

Amount of Each Receipt this Period  
 100.00

PERMISSIBLE FUNDS

**B.** Full Name (Last, First, Middle Initial)  
**Lindquist & Vennum PAC**

Mailing Address 80 S 8th Street Suite 4200

City Minneapolis State MN Zip Code 55402-2223

FEC ID number of contributing federal political committee. **C** C00231233

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  
 03 / 29 / 2014

**Transaction ID : A071CA22DDE764460910**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGARBEET GROWERS ASSOCIATION PAC**

Mailing Address 1156 15TH STREET NW SUITE 1101

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

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  
 03 / 31 / 2014

**Transaction ID : A7199DBB00B714C838B1**

Amount of Each Receipt this Period  
 500.00

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

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

800.00

**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 66 OF 140 |
|   | <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)  
**Emmer for Congress**

Full Name (Last, First, Middle Initial)  
AZOA SERVICES CORPORATION POLITICAL ACTION COMMITTEE (ALLIANZ OF AMERICA PAC)

A. Mailing Address 1101 CONNECTICUT AVE., NW  
SUITE 950

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 700.00

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

Transaction ID : A64897702FCBF4FAFBB4

Amount of Each Receipt this Period  
 700.00

Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

B. Mailing Address 8400 WESTPARK DRIVE

City State Zip Code  
McLean VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

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 / 21 / 2014

Transaction ID : A36493FA90D754970B48

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**American Chiropractic Association PAC**

C. Mailing Address 1701 Clarendon Blvd.

City State Zip Code  
Arlington VA 22209-2799

FEC ID number of contributing federal political committee. **C** C00102764

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 / 29 / 2014

Transaction ID : A09969E6941A1475DBC

Amount of Each Receipt this Period  
 1000.00

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

4200.00

**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 67 OF 140 |
|   | <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)  
**Emmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM CLUB FEDERAL PAC**

Mailing Address **P. O. BOX 416**

City **Champlin** State **MN** Zip Code **55316-0416**

FEC ID number of contributing federal political committee. **C C00307777**

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 / 21 / 2014**

**Transaction ID : A26A0E032AB8643C2BF4**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**10000.00**

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

Mailing Address **101 CONSTIUTION AVENUE, NW  
10TH FLOOR WEST**

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

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

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 : A8ECD680CCBC74CC9ABF**

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

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / 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).....

\_\_\_\_\_

**6000.00**

\_\_\_\_\_

**19500.00**

**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 68 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Tim Cary</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2014  |
| Mailing Address 20 Oriole Ln   |   | Amount of Each Disbursement this Period<br>320.00<br><b>Transaction ID : B1328FB9E5782408FA26</b> |
| City<br>Saint Paul   | State<br>MN   |   |
| Zip Code<br>55127-6319   | Purpose of Disbursement<br>In-kind: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:<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. Dennis Niess</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 28 / 2014  |
| Mailing Address 1085 125th St NW   |   | Amount of Each Disbursement this Period<br>383.65<br><b>Transaction ID : BECFAFEC9B5974F91B93</b> |
| City<br>Rice   | State<br>MN   |   |
| Zip Code<br>56367-9324   | Purpose of Disbursement<br>In-kind:In Kind 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:<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. Kevin Ortner</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2014   |
| Mailing Address 7007 Sandy Hook Cir  |   | Amount of Each Disbursement this Period<br>1474.40<br><b>Transaction ID : BCB982AE9B57A4DB699C</b> |
| City<br>Chanhassen   | State<br>MN   |  |
| Zip Code<br>55317-9315   | Purpose of Disbursement<br>In-kind: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:<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).....      | 2178.05 |
| <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 69 OF 140                      |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Patrick Haley</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 01 / 2014   |
| Mailing Address 10994 178th Ave NW  |  | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B3A6C7DDEAB4C45BE920</b> |
| City<br>Elk River   | State<br>MN  |  |
| Purpose of Disbursement<br>Field Consulting   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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. Rachel Horn</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 01 / 2014   |
| Mailing Address 7700 Sunwood Dr NW<br>#426  |  | Amount of Each Disbursement this Period<br>3000.00<br><b>Transaction ID : BB1D7D7A845DA481EB0C</b> |
| City<br>Anoka   | State<br>MN  |  |
| Purpose of Disbursement<br>Field Consulting   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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. Robert Benson Jr.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 01 / 2014   |
| Mailing Address 160 90th Ln NE  |  | Amount of Each Disbursement this Period<br>1250.00<br><b>Transaction ID : B6D649A1EC17F4AFE80D</b> |
| City<br>Minneapolis   | State<br>MN  |  |
| Purpose of Disbursement<br>Field Consulting   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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).....      | 5750.00 |
| <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 70 OF 140                      |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2014                                    |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>55.59<br><b>Transaction ID : BCA6AD044A9364380B5B</b> |
| City<br>Fairfax  | State<br>VA   |  |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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. USPS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2014                                     |
| Mailing Address 560 3rd St NW  |   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : B81CE12BB6B064382A51</b> |
| City<br>Elk River  | State<br>MN   |   |
| Zip Code<br>55330-1409   | Purpose of Disbursement<br>Postage  | 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:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Century Data Mailing Service</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2014                                       |
| Mailing Address 1155 15th St NW Ste 410  |   | Amount of Each Disbursement this Period<br>11929.11<br><b>Transaction ID : BBCB9233CFA5D4B0F99B</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20005-2748   | Purpose of Disbursement<br>Direct Mail  | 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).....      | 12484.70 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 71 OF 140                      |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. All Seasons Sports</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 05 / 2014  |
| Mailing Address 720 Hwy 12   |   | Amount of Each Disbursement this Period<br>550.00<br><b>Transaction ID : B53C36D0AE3C647B9ACC</b> |
| City<br>Delano   | State<br>MN   |   |
| Zip Code<br>55328-8602   | Purpose of Disbursement<br>Event Facility Rental  | 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:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle International</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 06 / 2014   |
| Mailing Address 205 Pennsylvania Ave SE  |   | Amount of Each Disbursement this Period<br>62.50<br><b>Transaction ID : B211A7052E70C4A0499F</b> |
| City<br>Washington   | State<br>DC   |  |
| Zip Code<br>20003-1164   | Purpose of Disbursement<br>CC Transaction 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:<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. Office Max</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 06 / 2014  |
| Mailing Address 14000 Wayzata Blvd   |   | Amount of Each Disbursement this Period<br>132.54<br><b>Transaction ID : B8E970D4F3ACD46B7A30</b> |
| City<br>Minnetonka   | State<br>MN   |   |
| Zip Code<br>55305-1740   | Purpose of Disbursement<br>Office Supplies  | 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).....      | 745.04 |
| <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 72 OF 140                      |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Richter Picture Company</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2014 |  |
| Mailing Address 1741 Lois Drive   |  |                        | Amount of Each Disbursement this Period<br>3500.00            |  |
| City<br>Saint Paul  | State<br>MN  | Zip Code<br>55126-4934 | Transaction ID : B0A51D1A04D24432784A                         |  |
| Purpose of Disbursement<br>Video Production   |  | 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:  |  |                        |   |  |

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Just Buttons LLC</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 07 / 2014 |  |
| Mailing Address 59 School Ground Road Unit 7  |  |                        | Amount of Each Disbursement this Period<br>214.33             |  |
| City<br>Branford  | State<br>CT  | Zip Code<br>06405-2868 | Transaction ID : B77D19D707129444BB27                         |  |
| Purpose of Disbursement<br>Buttons  |  | 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:  |  |                        |   |  |

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. First Virginia Community Bank</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 07 / 2014 |  |
| Mailing Address 11325 Random Hills Rd   |  |                        | Amount of Each Disbursement this Period<br>48.25              |  |
| City<br>Fairfax   | State<br>VA  | Zip Code<br>22030-6051 | Transaction ID : BEB3202CE00AE4342B27                         |  |
| Purpose of Disbursement<br>Bank 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:<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).....      | 3762.58 |
| <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 73 OF 140  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Pinnacle Direct</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014   |
| Mailing Address 15260 113th St N                                     |   | Amount of Each Disbursement this Period<br>7530.68<br><b>Transaction ID : B2AAC181B7E1D4043B38</b>            |
| City<br>Stillwater   | State<br>MN   |   |
| Purpose of Disbursement<br>Direct Mail                               |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |
| State:   | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Long and Son Carpet Cleaning</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014   |
| Mailing Address 18394 96th St SE  |   | Amount of Each Disbursement this Period<br>144.28<br><b>Transaction ID : B84DFC582261E4B3AA23</b>             |
| City<br>Becker  | State<br>MN   |   |
| Purpose of Disbursement<br>Office Expense   |   | Category/<br>Type   |
| Candidate Name  |   |   |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |
| State:  | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Marie Fitzsimmons</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014   |
| Mailing Address 72515 237th St   |   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : BDA7B73D5224A49539B3</b>             |
| City<br>Dassel   | State<br>MN   |   |
| Purpose of Disbursement<br>Event Catering                              |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |
| State:   | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8174.96 |
| <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 74 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rachel Horn</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014 |
| Mailing Address 7700 Sunwood Dr NW #426  |                              | Amount of Each Disbursement this Period<br>63.89              |
| City Anoka   | State MN Zip Code 55303-5289 |   |
| Purpose of Disbursement<br>Mileage   | Candidate Name               | Transaction ID : B4CE3F01C4E944344A09                         |
| 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. Patrick Haley</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014 |
| Mailing Address 10994 178th Ave NW   |                              | Amount of Each Disbursement this Period<br>1531.71            |
| City Elk River   | State MN Zip Code 55330-6552 |   |
| Purpose of Disbursement<br>Field Consulting  | Candidate Name               | Transaction ID : B9143F2E96DE74856BF9                         |
| 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. CenturyLink</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014 |
| Mailing Address PO Box 91154   |                              | Amount of Each Disbursement this Period<br>220.06             |
| City Seattle   | State WA Zip Code 98111-9254 |   |
| Purpose of Disbursement<br>Internet  | Candidate Name               | Transaction ID : B8953E4CCB04E4196B34                         |
| 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).....      | 1815.66 |
| <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 75 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rock Solid Companies</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014                                      |
| Mailing Address 7078 E Fish Lake Rd  |  | Amount of Each Disbursement this Period<br>2044.33<br><b>Transaction ID : BB180D8CD74E84727BB9</b> |
| City Osseo State MN Zip Code 55311-2832  | Purpose of Disbursement<br>Rent  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014                                     |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>243.06<br><b>Transaction ID : BF88EE00275FB45D999F</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement<br>Online Advertising  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Elk River Municipal Utilities</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014                                     |
| Mailing Address PO Box 430   |  | Amount of Each Disbursement this Period<br>153.29<br><b>Transaction ID : B672B4AEB909248CA8EE</b> |
| City Elk River State MN Zip Code 55330-0430  | Purpose of Disbursement<br>Utilities   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2440.68 |
| <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 76 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Max</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                    |
| Mailing Address 14000 Wayzata Blvd   |   | Amount of Each Disbursement this Period<br>38.48<br><b>Transaction ID : BC13E6C1B53BA47A8A41</b> |
| City<br>Minnetonka   | State<br>MN   |  |
| Zip Code<br>55305-1740   | Purpose of Disbursement<br>Office Supplies  | 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:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Max</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                     |
| Mailing Address 14000 Wayzata Blvd   |   | Amount of Each Disbursement this Period<br>136.07<br><b>Transaction ID : B51179C544571460097C</b> |
| City<br>Minnetonka   | State<br>MN   |   |
| Zip Code<br>55305-1740   | Purpose of Disbursement<br>Office Supplies  | 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:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Century Data Mailing Service</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                      |
| Mailing Address 1155 15th St NW Ste 410  |   | Amount of Each Disbursement this Period<br>4272.16<br><b>Transaction ID : BBDA66B10DD754AF7830</b> |
| City<br>Washington   | State<br>DC   |  |
| Zip Code<br>20005-2748   | Purpose of Disbursement<br>Direct Mail  | 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).....      | 4446.71 |
| <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 77 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Century Data Mailing Service</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                      |
| Mailing Address 1155 15th St NW Ste 410  |  | Amount of Each Disbursement this Period<br>2636.41<br><b>Transaction ID : B012BA186987541C2831</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement Direct Mail  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Shanna Woodbury Consulting LLC</b>                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                      |
| Mailing Address PO Box 120697  |  | Amount of Each Disbursement this Period<br>6223.59<br><b>Transaction ID : B9396EB8DBC874793A0D</b> |
| City Saint Paul State MN Zip Code 55112-0022   | Purpose of Disbursement Fundraising Consulting   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Donor Precision LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                     |
| Mailing Address 1900 N Culpepper St  |  | Amount of Each Disbursement this Period<br>569.57<br><b>Transaction ID : BBCDFC287B755427B88F</b> |
| City Arlington State VA Zip Code 22207-2003  | Purpose of Disbursement Debt Repayment: Direct Mail List Rental  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 9429.57 |
| <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 78 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

**A. RB's Computer Service**

Full Name (Last, First, Middle Initial)

Mailing Address 19112 Freeport Ave  
Suite E-109

City Elk River State MN Zip Code 55330-1268

Purpose of Disbursement Office Equipment Repair

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 582.47

Transaction ID : B58E36EB65B414E899B1

**B. Robert Benson Jr.**

Full Name (Last, First, Middle Initial)

Mailing Address 160 90th Ln NE

City Minneapolis State MN Zip Code 55434-1126

Purpose of Disbursement Field Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 1398.30

Transaction ID : BB169DA8C8CFE4900806

**C. Minnesota Tea Party Alliance**

Full Name (Last, First, Middle Initial)

Mailing Address 2447 Lone Eagle Trail

City Woodbury State MN Zip Code 55129-4208

Purpose of Disbursement Event Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : B7D56B43EB0034E35AFA

**SUBTOTAL** of Disbursements This Page (optional) ..... 2280.77

**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 79 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 10 / 2014                                     |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>173.29<br><b>Transaction ID : B4BF7242F570B47B3956</b> |
| City<br>Fairfax  | State<br>VA   |   |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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. Aristotle International</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2014                                     |
| Mailing Address 205 Pennsylvania Ave SE  |   | Amount of Each Disbursement this Period<br>950.86<br><b>Transaction ID : BC5BD40AE750547E5835</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20003-1164   | Purpose of Disbursement<br>CC Transaction 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:<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. Campaign Grid</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 14 / 2014                                       |
| Mailing Address 414 Commerce Drive Suite 100   |   | Amount of Each Disbursement this Period<br>15000.00<br><b>Transaction ID : B4193EA5EAC254943BE5</b> |
| City<br>Fort Washington  | State<br>PA   |   |
| Zip Code<br>19034-2620   | Purpose of Disbursement<br>Advertising  | 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).....      | 16124.15 |
| <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 80 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Professional Data Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 14 / 2014                                      |
| Mailing Address 2470 Daniell's Bridge Rd Ste 121   |  | Amount of Each Disbursement this Period<br>1508.74<br><b>Transaction ID : B44C7C01120074FF1A9D</b> |
| City Athens State GA Zip Code 30606-6191   | Purpose of Disbursement Compliance Consulting  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Zach Freimark</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 14 / 2014                                      |
| Mailing Address 776 Newell Drive   |  | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B3CA9B03B355A4A3F805</b> |
| City Saint Paul State MN Zip Code 55124-8982   | Purpose of Disbursement Field Consulting   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Patrick Haley</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 14 / 2014                                     |
| Mailing Address 10994 178th Ave NW   |  | Amount of Each Disbursement this Period<br>141.40<br><b>Transaction ID : B2AC4D727152C4AC7BA4</b> |
| City Elk River State MN Zip Code 55330-6552  | Purpose of Disbursement Mileage Reimbursement  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3150.14 |
| <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 81 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marlon-David Sias</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 14 / 2014                                      |
| Mailing Address 336 5th Ave SW  |  | Amount of Each Disbursement this Period<br>1535.00<br><b>Transaction ID : B176418495E414EEB9C7</b> |
| City<br>Cambridge   | State<br>MN  |  |
| Purpose of Disbursement<br>Field Consulting   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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. Office Max</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014                                     |
| Mailing Address 14000 Wayzata Blvd  |  | Amount of Each Disbursement this Period<br>213.74<br><b>Transaction ID : BFCD8DB6833C54B57BEF</b> |
| City<br>Minnetonka  | State<br>MN  |   |
| Purpose of Disbursement<br>Office Supplies  |  | 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:  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. US Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014                                   |
| Mailing Address 1817 Plymouth Rd  |  | Amount of Each Disbursement this Period<br>3.00<br><b>Transaction ID : B8962EB3B039445A7B43</b> |
| City<br>Minnetonka  | State<br>MN  |   |
| Purpose of Disbursement<br>Bank 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:<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).....      | 1751.74 |
| <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 82 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

**A. P2B Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 4750 E 53rd St  
Suite 206

City Minneapolis State MN Zip Code 55417-2357

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 16 / 2014

Amount of Each Disbursement this Period: 1193.85

Transaction ID : BA888D4A76F4F4AD4BA6

**B. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 17 / 2014

Amount of Each Disbursement this Period: 1.01

Transaction ID : BCB63E339041E449A829

**c. US Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1817 Plymouth Rd

City Minnetonka State MN Zip Code 55305-1967

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 8.00

Transaction ID : BEE712C72310F4C06A85

**SUBTOTAL** of Disbursements This Page (optional) ..... 1202.86

**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 83 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Long and Son Carpet Cleaning</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                                     |
| Mailing Address 18394 96th St SE   |   | Amount of Each Disbursement this Period<br>144.28<br><b>Transaction ID : B1FD58CF20FF14012A75</b> |
| City<br>Becker   | State<br>MN   |   |
| Zip Code<br>55308-8571   | Purpose of Disbursement<br>Office 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:<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. Pinnacle Direct</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                                       |
| Mailing Address 15260 113th St N   |   | Amount of Each Disbursement this Period<br>14547.61<br><b>Transaction ID : BB6C30BE2D1C641BFB24</b> |
| City<br>Stillwater   | State<br>MN   |   |
| Zip Code<br>55082-9575   | Purpose of Disbursement<br>Direct Mail  | 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:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Richter Picture Company</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 23 / 2014                                      |
| Mailing Address 1741 Lois Drive  |   | Amount of Each Disbursement this Period<br>3450.00<br><b>Transaction ID : BEAA3A4985FDA4AF5B58</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55126-4934   | Purpose of Disbursement<br>Video Production   | 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).....      | 18141.89 |
| <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 84 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Base Connect</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 24 / 2014                                      |
| Mailing Address 1155 15th St NW<br>Suite 410   |  | Amount of Each Disbursement this Period<br>7038.50<br><b>Transaction ID : BEA3C8AD9C0044B43AE5</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement<br>Debt Repayment: Direct Mail   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Donor Precision LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 24 / 2014                                     |
| Mailing Address 1900 N Culpepper St  |  | Amount of Each Disbursement this Period<br>405.54<br><b>Transaction ID : B4EC3BC36BE1E41D89F8</b> |
| City Arlington State VA Zip Code 22207-2003  | Purpose of Disbursement<br>Debt Repayment: Direct Mail List Rental   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Patrick Haley</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 24 / 2014                                      |
| Mailing Address 10994 178th Ave NW   |  | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : BFB5472AFC62B44FC9F1</b> |
| City Elk River State MN Zip Code 55330-6552  | Purpose of Disbursement<br>Field Consulting  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8944.04 |
| <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 85 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Century Data Mailing Service</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 24 / 2014                                      |
| Mailing Address 1155 15th St NW Ste 410  |  | Amount of Each Disbursement this Period<br>1529.95<br><b>Transaction ID : B7A3724B32F9440938FB</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement Direct Mail  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 24 / 2014                                   |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : B29561CFEC09B4592884</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement CC Transaction Fees  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Rock Solid Companies</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014                                      |
| Mailing Address 7078 E Fish Lake Rd  |  | Amount of Each Disbursement this Period<br>2044.33<br><b>Transaction ID : B07B8EF93E1FA4702AB7</b> |
| City Osseo State MN Zip Code 55311-2832  | Purpose of Disbursement Rent   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3578.78 |
| <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 86 OF 140                      |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Zach Freimark</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014                                    |
| Mailing Address 776 Newell Drive   |   | Amount of Each Disbursement this Period<br>49.70<br><b>Transaction ID : B0BC7EAF9F7904EB8B4F</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55124-8982   | Purpose of Disbursement<br>Mileage  | 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:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Myles Fitzsimmons</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014                                    |
| Mailing Address 10731 County Road 37 NE  |   | Amount of Each Disbursement this Period<br>41.66<br><b>Transaction ID : B72D0B4FD9AAF47AFAC6</b> |
| City<br>Albertville  | State<br>MN   |  |
| Zip Code<br>55301-9660   | Purpose of Disbursement<br>Advertising Reimbursement No Itemization Necessary   | 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:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Marlon-David Sias</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014                                    |
| Mailing Address 336 5th Ave SW   |   | Amount of Each Disbursement this Period<br>60.24<br><b>Transaction ID : BD3119E57CB6A4305A61</b> |
| City<br>Cambridge  | State<br>MN   |  |
| Zip Code<br>55008-1805   | Purpose of Disbursement<br>Mileage  | 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).....      | 151.60 |
| <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 87 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rachel Horn</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 27 / 2014   |
| Mailing Address 7700 Sunwood Dr NW #426  |  | Amount of Each Disbursement this Period<br>54.25<br><b>Transaction ID : B4349480F779E4A398E4</b> |
| City Anoka State MN Zip Code 55303-5289  | Purpose of Disbursement Printing Reimbursement No Itemization Necessary  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Vistaprint</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 27 / 2014  |
| Mailing Address 95 Hayden Ave  |  | Amount of Each Disbursement this Period<br>194.18<br><b>Transaction ID : B359E417527464A2488C</b> |
| City Lexington State MA Zip Code 02421-7942  | Purpose of Disbursement Printing   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Political Ink</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 27 / 2014  |
| Mailing Address 1220 19th Street NW Ste 502  |  | Amount of Each Disbursement this Period<br>18088.09<br><b>Transaction ID : B99ED0A701884484EA5B</b> |
| City Washington State DC Zip Code 20036-2460   | Purpose of Disbursement Printing   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 18336.52 |
| <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 88 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FLS Connect LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014                                      |
| Mailing Address 7300 Hudson Blvd<br>Ste 270  |  | Amount of Each Disbursement this Period<br>1212.53<br><b>Transaction ID : BC2F93B75A8434B9993F</b> |
| City Saint Paul State MN Zip Code 55128-7143   | Purpose of Disbursement<br>Telemarketing   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014                                   |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>7.25<br><b>Transaction ID : B17E3ACDB1F2E4A42A4B</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement<br>CC Transaction Fees   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Zach Freimark</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2014                                      |
| Mailing Address 776 Newell Drive   |  | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B1A7033D46AEC476081E</b> |
| City Saint Paul State MN Zip Code 55124-8982   | Purpose of Disbursement<br>Field Consulting  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2719.78 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marlon-David Sias</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2014                                      |
| Mailing Address 336 5th Ave SW   |   | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : BDB6E5A5F94474736BD4</b> |
| City<br>Cambridge  | State<br>MN   |  |
| Zip Code<br>55008-1805   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Robert Benson Jr.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2014                                      |
| Mailing Address 160 90th Ln NE   |   | Amount of Each Disbursement this Period<br>1250.00<br><b>Transaction ID : B7E092BA5C4814846BD8</b> |
| City<br>Minneapolis  | State<br>MN   |  |
| Zip Code<br>55434-1126   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Rachel Horn</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2014                                      |
| Mailing Address 7700 Sunwood Dr NW<br>#426   |   | Amount of Each Disbursement this Period<br>3000.00<br><b>Transaction ID : B63ED98A73FCA4AE6B94</b> |
| City<br>Anoka  | State<br>MN   |  |
| Zip Code<br>55303-5289   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input 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).....      | 5750.00 |
| <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 90 OF 140  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|  |  |  |        |                          |        |                          |           |                   |  |    |  |      |
|--|--|--|--------|--------------------------|--------|--------------------------|-----------|-------------------|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>A. Patrick Haley</b> |  | Date of Disbursement<br><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>02</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table> | M M    | /                        | D D    | /                        | Y Y Y Y   | 02                |  | 03 |  | 2014 |
| M M  | /  | D D  | /      | Y Y Y Y                  |        |                          |           |                   |  |    |  |      |
| 02   |  | 03   |        | 2014                     |        |                          |           |                   |  |    |  |      |
| Mailing Address 10994 178th Ave NW                                 |  | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>236.25</td> </tr> </table> <b>Transaction ID : B7F7FB603171940EB8E3</b>   | 236.25 |                          |        |                          |           |                   |  |    |  |      |
| 236.25   |  |  |        |                          |        |                          |           |                   |  |    |  |      |
| City Elk River   | State MN   | Zip Code 55330-6552  |        |                          |        |                          |           |                   |  |    |  |      |
| Purpose of Disbursement<br>Mileage Reimbursement                   |  | Category/<br>Type  |        |                          |        |                          |           |                   |  |    |  |      |
| 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 | Disbursement For: |  |    |  |      |
| <input type="checkbox"/>   | House  |  |        |                          |        |                          |           |                   |  |    |  |      |
| <input type="checkbox"/>   | Senate   |  |        |                          |        |                          |           |                   |  |    |  |      |
| <input type="checkbox"/>   | President  |  |        |                          |        |                          |           |                   |  |    |  |      |
| State:   | District:  | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |        |                          |        |                          |           |                   |  |    |  |      |

|  |  |  |        |                          |        |                          |           |                   |  |    |  |      |
|--|--|--|--------|--------------------------|--------|--------------------------|-----------|-------------------|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>B. Pinnacle Direct</b> |  | Date of Disbursement<br><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>02</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table> | M M    | /                        | D D    | /                        | Y Y Y Y   | 02                |  | 03 |  | 2014 |
| M M  | /  | D D  | /      | Y Y Y Y                  |        |                          |           |                   |  |    |  |      |
| 02   |  | 03   |        | 2014                     |        |                          |           |                   |  |    |  |      |
| Mailing Address 15260 113th St N                                     |  | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>790.76</td> </tr> </table> <b>Transaction ID : B07F2A45195514FE79A6</b>   | 790.76 |                          |        |                          |           |                   |  |    |  |      |
| 790.76   |  |  |        |                          |        |                          |           |                   |  |    |  |      |
| City Stillwater  | State MN   | Zip Code 55082-9575  |        |                          |        |                          |           |                   |  |    |  |      |
| Purpose of Disbursement<br>Direct Mail                               |  | Category/<br>Type  |        |                          |        |                          |           |                   |  |    |  |      |
| 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 | Disbursement For: |  |    |  |      |
| <input type="checkbox"/>   | House  |  |        |                          |        |                          |           |                   |  |    |  |      |
| <input type="checkbox"/>   | Senate   |  |        |                          |        |                          |           |                   |  |    |  |      |
| <input type="checkbox"/>   | President  |  |        |                          |        |                          |           |                   |  |    |  |      |
| State:   | District:  | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |        |                          |        |                          |           |                   |  |    |  |      |

|  |  |  |        |                          |        |                          |           |                   |  |    |  |      |
|--|--|--|--------|--------------------------|--------|--------------------------|-----------|-------------------|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>c. Richter Picture Company</b> |  | Date of Disbursement<br><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>02</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table> | M M    | /                        | D D    | /                        | Y Y Y Y   | 02                |  | 03 |  | 2014 |
| M M  | /  | D D  | /      | Y Y Y Y                  |        |                          |           |                   |  |    |  |      |
| 02   |  | 03   |        | 2014                     |        |                          |           |                   |  |    |  |      |
| Mailing Address 1741 Lois Drive  |  | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>800.00</td> </tr> </table> <b>Transaction ID : B25ECEFF0120374A0CA1D</b>  | 800.00 |                          |        |                          |           |                   |  |    |  |      |
| 800.00   |  |  |        |                          |        |                          |           |                   |  |    |  |      |
| City Saint Paul  | State MN   | Zip Code 55126-4934  |        |                          |        |                          |           |                   |  |    |  |      |
| Purpose of Disbursement<br>Video Production                                  |  | Category/<br>Type  |        |                          |        |                          |           |                   |  |    |  |      |
| 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 | Disbursement For: |  |    |  |      |
| <input type="checkbox"/>   | House  |  |        |                          |        |                          |           |                   |  |    |  |      |
| <input type="checkbox"/>   | Senate   |  |        |                          |        |                          |           |                   |  |    |  |      |
| <input type="checkbox"/>   | President  |  |        |                          |        |                          |           |                   |  |    |  |      |
| State:   | District:  | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  |        |                          |        |                          |           |                   |  |    |  |      |

|   |   |         |
|---|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <table border="1"> <tr> <td>1827.01</td> </tr> </table> | 1827.01 |
| 1827.01   |   |         |
| <b>TOTAL</b> This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table>        |         |
|   |   |         |

**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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                    |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>71.54<br><b>Transaction ID : B41AD3BC4E4A9431D807</b> |
| City<br>Fairfax  | State<br>VA   |  |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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. Political Ink</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                       |
| Mailing Address 1220 19th Street NW Ste 502  |   | Amount of Each Disbursement this Period<br>11595.69<br><b>Transaction ID : B2B5AA2074F084E86858</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20036-2460   | Purpose of Disbursement<br>Printing   | 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:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. CenturyLink</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                     |
| Mailing Address PO Box 91154   |   | Amount of Each Disbursement this Period<br>220.62<br><b>Transaction ID : B9DFBEFEF49874165A01</b> |
| City<br>Seattle  | State<br>WA   |   |
| Zip Code<br>98111-9254   | Purpose of Disbursement<br>Internet   | 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).....      | 11887.85 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Elk River Municipal Utilities</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                     |
| Mailing Address PO Box 430  |  |                        | Amount of Each Disbursement this Period<br>142.36<br><b>Transaction ID : BA5E01E7BE8CF4A15ADA</b> |
| City<br>Elk River   | State<br>MN  | Zip Code<br>55330-0430 |   |
| Purpose of Disbursement<br>Utilities  |  | 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:  |  |                        |   |

|   |  |                        |  |
|---|--|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Shanna Woodbury Consulting LLC</b>                                       |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                      |
| Mailing Address PO Box 120697   |  |                        | Amount of Each Disbursement this Period<br>7536.16<br><b>Transaction ID : BDFD64F4AE9B040A0911</b> |
| City<br>Saint Paul  | State<br>MN  | Zip Code<br>55112-0022 |  |
| Purpose of Disbursement<br>Fundraising Consulting   |  | Category/<br>Type      |  |
| Candidate Name  |  |                        |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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. First Virginia Community Bank</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 05 / 2014                                    |
| Mailing Address 11325 Random Hills Rd   |  |                        | Amount of Each Disbursement this Period<br>43.75<br><b>Transaction ID : B96AB8797A2704147911</b> |
| City<br>Fairfax   | State<br>VA  | Zip Code<br>22030-6051 |  |
| Purpose of Disbursement<br>Bank 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:<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).....      | 7722.27 |
| <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 93 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

Full Name (Last, First, Middle Initial)  
**A. Professional Data Services**

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens State GA Zip Code 30606-6191

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 1533.08

Transaction ID : B5C625877547842A8B0A

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

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 42.03

Transaction ID : B2B0F360725DE4BF2859

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

Mailing Address 560 3rd St NW

City Elk River State MN Zip Code 55330-1409

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 147.00

Transaction ID : BA7737FC417534A26933

**SUBTOTAL** of Disbursements This Page (optional) ..... 1722.11

**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 94 OF 140                      |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014                                    |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>35.00<br><b>Transaction ID : B272BCE68FCB84616802</b> |
| City<br>Fairfax  | State<br>VA   |  |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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. Zach Freimark</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014                                     |
| Mailing Address 776 Newell Drive   |   | Amount of Each Disbursement this Period<br>120.40<br><b>Transaction ID : B06F8E2E5E5814D59819</b> |
| City<br>Saint Paul   | State<br>MN   |   |
| Zip Code<br>55124-8982   | 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:<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. Long and Son Carpet Cleaning</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014                                     |
| Mailing Address 18394 96th St SE   |   | Amount of Each Disbursement this Period<br>144.28<br><b>Transaction ID : B20F0DC833BEA45EE853</b> |
| City<br>Becker   | State<br>MN   |   |
| Zip Code<br>55308-8571   | Purpose of Disbursement<br>Office 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:<br><input 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).....      | 299.68 |
| <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 95 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Marlon-David Sias</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014                                     |
| Mailing Address 336 5th Ave SW   |   | Amount of Each Disbursement this Period<br>203.18<br><b>Transaction ID : B11C3F2D73F6F460D954</b> |
| City<br>Cambridge  | State<br>MN   |   |
| Zip Code<br>55008-1805   | 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:<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. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2014                                     |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>132.69<br><b>Transaction ID : BD9E9295F434444E8A33</b> |
| City<br>Fairfax  | State<br>VA   |   |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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. Capitol Caging Corporation</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2014                                     |
| Mailing Address 504 Shaw Rd Ste 217  |   | Amount of Each Disbursement this Period<br>748.00<br><b>Transaction ID : BB2366B3A678E49C5AEE</b> |
| City<br>Sterling   | State<br>VA   |   |
| Zip Code<br>20166-9438   | Purpose of Disbursement<br>Caging   | 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:  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1083.87 |
| <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 96 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Century Data Mailing Service</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 12 / 2014                                       |
| Mailing Address 1155 15th St NW Ste 410  |  | Amount of Each Disbursement this Period<br>15334.58<br><b>Transaction ID : BBD6378986BB946AC923</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement Direct Mail  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Endorse Communications</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2014                                     |
| Mailing Address 3628 154th Street West   |  | Amount of Each Disbursement this Period<br>825.00<br><b>Transaction ID : B471A428A9CBB402B837</b> |
| City Rosemount State MN Zip Code 55068-1791  | Purpose of Disbursement Web Design and Maintenance   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2014                                    |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>55.25<br><b>Transaction ID : BAAACBA6208DB4966812</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement CC Transaction Fees  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 16214.83 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Zach Freimark</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2014   |
| Mailing Address 776 Newell Drive   |   | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B71C2D88CE7C24C8B92A</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55124-8982   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Patrick Haley</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2014   |
| Mailing Address 10994 178th Ave NW   |   | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : BB1020380632D459BB54</b> |
| City<br>Elk River  | State<br>MN   |  |
| Zip Code<br>55330-6552   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Robert Benson Jr.</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2014   |
| Mailing Address 160 90th Ln NE   |   | Amount of Each Disbursement this Period<br>1250.00<br><b>Transaction ID : BF41A9604D75941BDB5C</b> |
| City<br>Minneapolis  | State<br>MN   |  |
| Zip Code<br>55434-1126   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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).....      | 4250.00 |
| <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 98 OF 140                     |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marlon-David Sias</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2014   |
| Mailing Address 336 5th Ave SW   |   | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B8C53AAD28918421E9CF</b> |
| City<br>Cambridge  | State<br>MN   |  |
| Zip Code<br>55008-1805   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Michael's Restaurant</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2014   |
| Mailing Address 510 US 10  |   | Amount of Each Disbursement this Period<br>55.00<br><b>Transaction ID : BEB0201CA9AA64B07B5D</b> |
| City<br>St Cloud   | State<br>MN   |  |
| Zip Code<br>56304  | Purpose of Disbursement<br>Meeting 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:<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. Vistaprint</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2014   |
| Mailing Address 95 Hayden Ave  |   | Amount of Each Disbursement this Period<br>73.69<br><b>Transaction ID : BED9194E3C70A487CBC7</b> |
| City<br>Lexington  | State<br>MA   |  |
| Zip Code<br>02421-7942   | Purpose of Disbursement<br>Printing   | 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).....      | 1628.69 |
| <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 99 OF 140  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|  |       |  |       |          |            |     |            |  |    |      |    |  |      |
|--|-------|--|-------|----------|------------|-----|------------|--|----|------|----|--|------|
| Full Name (Last, First, Middle Initial)  |       | Date of Disbursement   |       |          |            |     |            |  |    |      |    |  |      |
| <b>A. Target Stores</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>02</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table> |       | M M      | /          | D D | /          | Y Y Y Y  | 02 |      | 18 |  | 2014 |
| M M  | /     | D D  | /     | Y Y Y Y  |            |     |            |  |    |      |    |  |      |
| 02   |       | 18   |       | 2014     |            |     |            |  |    |      |    |  |      |
| Mailing Address 13201 Ridgedale Dr   |       | Amount of Each Disbursement this Period  |       |          |            |     |            |  |    |      |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minnetonka</td> <td>MN</td> <td>55305-1809</td> </tr> </table> |       | City   | State | Zip Code | Minnetonka | MN  | 55305-1809 | <table border="1"> <tr> <td>9.99</td> </tr> </table> |    | 9.99 |    |  |      |
| City   | State | Zip Code   |       |          |            |     |            |  |    |      |    |  |      |
| Minnetonka   | MN    | 55305-1809   |       |          |            |     |            |  |    |      |    |  |      |
| 9.99   |       |  |       |          |            |     |            |  |    |      |    |  |      |
| Purpose of Disbursement<br>Office Supplies   |       | Transaction ID : BDC72E938477A47AE99B  |       |          |            |     |            |  |    |      |    |  |      |
| Candidate Name   |       | Category/Type  |       |          |            |     |            |  |    |      |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                     |       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)   |       |          |            |     |            |  |    |      |    |  |      |
| State: District:   |       |  |       |          |            |     |            |  |    |      |    |  |      |

|  |       |  |       |          |            |     |            |  |    |      |    |  |      |
|--|-------|--|-------|----------|------------|-----|------------|--|----|------|----|--|------|
| Full Name (Last, First, Middle Initial)  |       | Date of Disbursement   |       |          |            |     |            |  |    |      |    |  |      |
| <b>B. Target Stores</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>02</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table> |       | M M      | /          | D D | /          | Y Y Y Y  | 02 |      | 21 |  | 2014 |
| M M  | /     | D D  | /     | Y Y Y Y  |            |     |            |  |    |      |    |  |      |
| 02   |       | 21   |       | 2014     |            |     |            |  |    |      |    |  |      |
| Mailing Address 13201 Ridgedale Dr   |       | Amount of Each Disbursement this Period  |       |          |            |     |            |  |    |      |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minnetonka</td> <td>MN</td> <td>55305-1809</td> </tr> </table> |       | City   | State | Zip Code | Minnetonka | MN  | 55305-1809 | <table border="1"> <tr> <td>8.53</td> </tr> </table> |    | 8.53 |    |  |      |
| City   | State | Zip Code   |       |          |            |     |            |  |    |      |    |  |      |
| Minnetonka   | MN    | 55305-1809   |       |          |            |     |            |  |    |      |    |  |      |
| 8.53   |       |  |       |          |            |     |            |  |    |      |    |  |      |
| Purpose of Disbursement<br>Office Supplies   |       | Transaction ID : BCFD420AFB4B042A284B  |       |          |            |     |            |  |    |      |    |  |      |
| Candidate Name   |       | Category/Type  |       |          |            |     |            |  |    |      |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                     |       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)   |       |          |            |     |            |  |    |      |    |  |      |
| State: District:   |       |  |       |          |            |     |            |  |    |      |    |  |      |

|  |       |  |       |          |            |     |            |   |    |       |    |  |      |
|--|-------|--|-------|----------|------------|-----|------------|---|----|-------|----|--|------|
| Full Name (Last, First, Middle Initial)  |       | Date of Disbursement   |       |          |            |     |            |   |    |       |    |  |      |
| <b>C. Aristotle International</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>02</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table> |       | M M      | /          | D D | /          | Y Y Y Y   | 02 |       | 21 |  | 2014 |
| M M  | /     | D D  | /     | Y Y Y Y  |            |     |            |   |    |       |    |  |      |
| 02   |       | 21   |       | 2014     |            |     |            |   |    |       |    |  |      |
| Mailing Address 205 Pennsylvania Ave SE  |       | Amount of Each Disbursement this Period  |       |          |            |     |            |   |    |       |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20003-1164</td> </tr> </table> |       | City   | State | Zip Code | Washington | DC  | 20003-1164 | <table border="1"> <tr> <td>27.25</td> </tr> </table> |    | 27.25 |    |  |      |
| City   | State | Zip Code   |       |          |            |     |            |   |    |       |    |  |      |
| Washington   | DC    | 20003-1164   |       |          |            |     |            |   |    |       |    |  |      |
| 27.25  |       |  |       |          |            |     |            |   |    |       |    |  |      |
| Purpose of Disbursement<br>CC Transaction Fees   |       | Transaction ID : B4A7BF4AA2E5E4DCD85F  |       |          |            |     |            |   |    |       |    |  |      |
| Candidate Name   |       | Category/Type  |       |          |            |     |            |   |    |       |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                     |       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)   |       |          |            |     |            |   |    |       |    |  |      |
| State: District:   |       |  |       |          |            |     |            |   |    |       |    |  |      |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 45.77 |
| <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: (check only one)             |                                    | PAGE 100 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014                                      |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>2536.03<br><b>Transaction ID : BF9AFB7FA978345BD903</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement Compliance Software  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Century Data Mailing Service</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 25 / 2014                                      |
| Mailing Address 1155 15th St NW Ste 410  |  | Amount of Each Disbursement this Period<br>5537.14<br><b>Transaction ID : BD3198A29A02E462ABB3</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement Direct Mail  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Simpkins Escrow LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 25 / 2014                                     |
| Mailing Address 29243 St Just Dr   |  | Amount of Each Disbursement this Period<br>475.82<br><b>Transaction ID : B7DAC70EFDBDE4EE1878</b> |
| City Unionville State VA Zip Code 22567-3220   | Purpose of Disbursement Caging   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8548.99 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marlon-David Sias</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014                                    |
| Mailing Address 336 5th Ave SW   |   | Amount of Each Disbursement this Period<br>77.55<br><b>Transaction ID : B2594FC74557C4835B8F</b> |
| City<br>Cambridge  | State<br>MN   |  |
| Zip Code<br>55008-1805   | 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:<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. Patrick Haley</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014                                    |
| Mailing Address 10994 178th Ave NW   |   | Amount of Each Disbursement this Period<br>31.26<br><b>Transaction ID : BB2C806ED837A4F38B19</b> |
| City<br>Elk River  | State<br>MN   |  |
| Zip Code<br>55330-6552   | Purpose of Disbursement<br>Mileage  | 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:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Rock Solid Companies</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014                                      |
| Mailing Address 7078 E Fish Lake Rd  |   | Amount of Each Disbursement this Period<br>2044.33<br><b>Transaction ID : B33E90CECF8B647C9996</b> |
| City<br>Osseo  | State<br>MN   |  |
| Zip Code<br>55311-2832   | Purpose of Disbursement<br>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:<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).....      | 2153.14 |
| <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 102 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2014                                   |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>1.35<br><b>Transaction ID : BE1E05C2C15EF4BAFAAD</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement<br>CC Transaction Fees   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rachel Horn</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014                                      |
| Mailing Address 7700 Sunwood Dr NW #426  |  | Amount of Each Disbursement this Period<br>3000.00<br><b>Transaction ID : BDAEAE24C77BB4802B6D</b> |
| City Anoka State MN Zip Code 55303-5289  | Purpose of Disbursement<br>Field Consulting  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Patrick Haley</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014                                      |
| Mailing Address 10994 178th Ave NW   |  | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B6D678A2883BC448CBF3</b> |
| City Elk River State MN Zip Code 55330-6552  | Purpose of Disbursement<br>Field Consulting  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4501.35 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 103 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Benson Jr.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014                                      |
| Mailing Address 160 90th Ln NE   |   | Amount of Each Disbursement this Period<br>1250.00<br><b>Transaction ID : B758C4FA592E347EFBA9</b> |
| City<br>Minneapolis  | State<br>MN   |  |
| Zip Code<br>55434-1126   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Zach Freimark</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014                                      |
| Mailing Address 776 Newell Drive   |   | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : BFAF11E4EA289427B8CE</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55124-8982   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                                    |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>66.02<br><b>Transaction ID : BD03A1DAC26D148BA855</b> |
| City<br>Fairfax  | State<br>VA   |  |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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).....      | 2816.02 |
| <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 104 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Elk River Municipal Utilities</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                                     |
| Mailing Address PO Box 430  |  |                        | Amount of Each Disbursement this Period<br>231.24<br><b>Transaction ID : BD2B535561CC24471A92</b> |
| City<br>Elk River   | State<br>MN  | Zip Code<br>55330-0430 |   |
| Purpose of Disbursement<br>Utilities  |  | 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:  |  |                        |   |

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shanna Woodbury Consulting LLC</b>                                       |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                                     |
| Mailing Address PO Box 120697   |  |                        | Amount of Each Disbursement this Period<br>7612.05<br><b>Transaction ID : BBFF929FF3074A61B56</b> |
| City<br>Saint Paul  | State<br>MN  | Zip Code<br>55112-0022 |   |
| Purpose of Disbursement<br>Fundraising Consulting   |  | Category/<br>Type      |   |
| Candidate Name  |  |                        |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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. Target Stores</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014                                     |
| Mailing Address 13201 Ridgedale Dr  |  |                        | Amount of Each Disbursement this Period<br>115.01<br><b>Transaction ID : BB44A81F554DE4262BB5</b> |
| City<br>Minnetonka  | State<br>MN  | Zip Code<br>55305-1809 |   |
| Purpose of Disbursement<br>Office Supplies  |  | 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).....      | 7958.30 |
| <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 105 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                             |
| <b>A. Target Stores</b>                 |   | M M / D D / Y Y Y Y<br>03 / 04 / 2014            |
| Mailing Address 13201 Ridgedale Dr      |   | Amount of Each Disbursement this Period<br>25.18 |
| City                                    | State Zip Code  |  |
| Minnetonka                              | MN 55305-1809   | <b>Transaction ID : B43B626355D264EA38A2</b>     |
| Purpose of Disbursement                 | Category/Type   |  |
| Office Supplies                         |   |  |
| Candidate Name                          |   |  |
| Office Sought:                          | Disbursement For:   |  |
| <input type="checkbox"/> House          | <input 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. Best Western</b>                  |   | M M / D D / Y Y Y Y<br>03 / 04 / 2014             |
| Mailing Address 100 4th Ave S           |   | Amount of Each Disbursement this Period<br>389.80 |
| City                                    | State Zip Code  |   |
| Saint Cloud                             | MN 56301-3615   | <b>Transaction ID : BC106EFCEA02540079A1</b>      |
| Purpose of Disbursement                 | Category/Type   |   |
| Lodging                                 |   |   |
| Candidate Name                          |   |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input 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>C. Holiday Inn and Suites</b>        |   | M M / D D / Y Y Y Y<br>03 / 05 / 2014             |
| Mailing Address 75 37th Ave S           |   | Amount of Each Disbursement this Period<br>213.46 |
| City                                    | State Zip Code  |   |
| Saint Cloud                             | MN 56301-3750   | <b>Transaction ID : B010F8C7029414CD183E</b>      |
| Purpose of Disbursement                 | Category/Type   |   |
| Lodging                                 |   |   |
| Candidate Name                          |   |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input 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).....      | 628.44 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |   |   |
|--|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. First Virginia Community Bank</b> |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2014                                     |
| Mailing Address 11325 Random Hills Rd  |   |   | Amount of Each Disbursement this Period<br>142.63<br><b>Transaction ID : BA257D288D57C444D869</b> |
| City<br>Fairfax  | State<br>VA   | Zip Code<br>22030-6051  |   |
| Purpose of Disbursement<br>Bank Fees   |   | Category/<br>Type   |   |
| Candidate Name   |   |   |   |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |   |
| State:   | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. First Virginia Community Bank</b> |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2014                                    |
| Mailing Address 11325 Random Hills Rd  |   |   | Amount of Each Disbursement this Period<br>44.50<br><b>Transaction ID : B503304779E3E4A49B43</b> |
| City<br>Fairfax  | State<br>VA   | Zip Code<br>22030-6051  |  |
| Purpose of Disbursement<br>Bank Fees   |   | Category/<br>Type   |  |
| Candidate Name   |   |   |  |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |  |
| State:   | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |   |   |   |
|--|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle International</b> |   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2014                                   |
| Mailing Address 205 Pennsylvania Ave SE                                      |   |   | Amount of Each Disbursement this Period<br>1.90<br><b>Transaction ID : BCF28D7D0BAC34A75ACA</b> |
| City<br>Washington   | State<br>DC   | Zip Code<br>20003-1164  |   |
| Purpose of Disbursement<br>CC Transaction Fees                               |   | Category/<br>Type   |   |
| Candidate Name   |   |   |   |
| Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:   |   |
| State:   | District:   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 189.03 |
| <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 107 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                     |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>733.35<br><b>Transaction ID : BC9E2D590FDC042AE9DE</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement Compliance Software  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CenturyLink</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                     |
| Mailing Address PO Box 91154   |  | Amount of Each Disbursement this Period<br>220.62<br><b>Transaction ID : BE5AC9CE0A7874B3BA55</b> |
| City Seattle State WA Zip Code 98111-9254  | Purpose of Disbursement Internet   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Professional Data Services</b>                                  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                      |
| Mailing Address 2470 Daniell's Bridge Rd Ste 121   |  | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : B5B8942295A0647D5ACA</b> |
| City Athens State GA Zip Code 30606-6191   | Purpose of Disbursement Compliance Consulting  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2453.97 |
| <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 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. First Virginia Community Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                    |
| Mailing Address 11325 Random Hills Rd  |   | Amount of Each Disbursement this Period<br>35.00<br><b>Transaction ID : B8208FF2D00A246D99F9</b> |
| City<br>Fairfax  | State<br>VA   |  |
| Zip Code<br>22030-6051   | Purpose of Disbursement<br>Bank 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:<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. Patrick Haley</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                      |
| Mailing Address 10994 178th Ave NW   |   | Amount of Each Disbursement this Period<br>1546.20<br><b>Transaction ID : BE99ED9F3DC1D448C8EA</b> |
| City<br>Elk River  | State<br>MN   |  |
| Zip Code<br>55330-6552   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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. Robert Benson Jr.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                      |
| Mailing Address 160 90th Ln NE   |   | Amount of Each Disbursement this Period<br>1250.00<br><b>Transaction ID : BADCECB9099804C2181F</b> |
| City<br>Minneapolis  | State<br>MN   |  |
| Zip Code<br>55434-1126   | Purpose of Disbursement<br>Field Consulting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<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).....      | 2831.20 |
| <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 109 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Pinnacle Direct</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                      |
| Mailing Address 15260 113th St N  |  | Amount of Each Disbursement this Period<br>6232.85<br><b>Transaction ID : B455EC06E0AAB4176BD8</b> |
| City<br>Stillwater  | State<br>MN  |  |
| Purpose of Disbursement<br>Direct Mail  |  | 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: _____  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Zach Freimark</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                      |
| Mailing Address 776 Newell Drive  |  | Amount of Each Disbursement this Period<br>1722.95<br><b>Transaction ID : B22C7E322C89341D5B98</b> |
| City<br>Saint Paul  | State<br>MN  |  |
| Purpose of Disbursement<br>Field Consulting   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<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. Holiday Stationstore</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                                    |
| Mailing Address 14100 Carlson Pkw   |  | Amount of Each Disbursement this Period<br>48.45<br><b>Transaction ID : BE43BCE45485A4682A46</b> |
| City<br>Plymouth  | State<br>MN  |  |
| Purpose of Disbursement<br>Travel 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:<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).....      | 8004.25 |
| <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 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Pinnacle Direct</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                                     |
| Mailing Address 15260 113th St N  |  | Amount of Each Disbursement this Period<br>531.71<br><b>Transaction ID : BD7DF4F71A4B04B1696A</b> |
| City Stillwater   | State MN Zip Code 55082-9575   |   |
| Purpose of Disbursement<br>Direct Mail  | Candidate Name   | Category/<br>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. Endorse Communications</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                                     |
| Mailing Address 3628 154th Street West  |  | Amount of Each Disbursement this Period<br>385.00<br><b>Transaction ID : B83455BE5B7724B9EB3C</b> |
| City Rosemount  | State MN Zip Code 55068-1791   |   |
| Purpose of Disbursement<br>Web Design and Maintenance   | Candidate Name   | Category/<br>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. Long and Son Carpet Cleaning</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                                     |
| Mailing Address 18394 96th St SE  |  | Amount of Each Disbursement this Period<br>144.28<br><b>Transaction ID : B5C7EDCF012DB4B63B5F</b> |
| City Becker   | State MN Zip Code 55308-8571   |   |
| Purpose of Disbursement<br>Office Expense   | Candidate Name   | Category/<br>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:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1060.99 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                                   |
| Mailing Address 205 Pennsylvania Ave SE   |  |                        | Amount of Each Disbursement this Period<br>1.25<br><b>Transaction ID : BCF442CE0125C42C9859</b> |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-1164 |   |
| Purpose of Disbursement<br>CC Transaction 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:<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. Base Connect</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 18 / 2014                                      |
| Mailing Address 1155 15th St NW<br>Suite 410  |  |                        | Amount of Each Disbursement this Period<br>5631.21<br><b>Transaction ID : BB7FCBEE566924E2BADA</b> |
| City<br>Washington  | State<br>DC  | Zip Code<br>20005-2748 |  |
| Purpose of Disbursement<br>Direct Mail  |  | 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:  |  |                        |  |

|   |  |                        |  |
|---|--|------------------------|--|
| 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 / 19 / 2014                                    |
| Mailing Address 560 3rd St NW   |  |                        | Amount of Each Disbursement this Period<br>98.00<br><b>Transaction ID : BE74690FB530142DAA79</b> |
| City<br>Elk River   | State<br>MN  | Zip Code<br>55330-1409 |  |
| Purpose of Disbursement<br>Postage  |  | 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).....      | 5730.46 |
| <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 112 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2014                                    |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>23.05<br><b>Transaction ID : B59ACA0935A8C4AFAB26</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement<br>CC Transaction Fees   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle International</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 21 / 2014                                    |
| Mailing Address 205 Pennsylvania Ave SE  |  | Amount of Each Disbursement this Period<br>68.75<br><b>Transaction ID : BBE7E8EC399254538A6E</b> |
| City Washington State DC Zip Code 20003-1164   | Purpose of Disbursement<br>CC Transaction Fees   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| 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 / 21 / 2014                                     |
| Mailing Address 560 3rd St NW  |  | Amount of Each Disbursement this Period<br>170.00<br><b>Transaction ID : BDCAE8C6BAF3F4E269A1</b> |
| City Elk River State MN Zip Code 55330-1409  | Purpose of Disbursement<br>Postage   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 261.80 |
| <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 113 OF 140                    |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Max</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 21 / 2014</b>                                    |
| Mailing Address 14000 Wayzata Blvd                              |  | Amount of Each Disbursement this Period<br><b>76.11</b><br>Transaction ID : <b>BBE1F83586CE64046802</b> |
| City<br>Minnetonka  | State<br>MN  |   |
| Purpose of Disbursement<br>Office Supplies                      | Category/<br>Type  |   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |   |
| State: District:  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2014</b>                                     |
| Mailing Address 560 3rd St NW                             |  | Amount of Each Disbursement this Period<br><b>147.00</b><br>Transaction ID : <b>B171872E0548F4157801</b> |
| City<br>Elk River   | State<br>MN  |  |
| Purpose of Disbursement<br>Postage                        | Category/<br>Type  |  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |  |
| State: District:  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Holiday Stationstore</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2014</b>                                    |
| Mailing Address 14100 Carlson Pkw   |  | Amount of Each Disbursement this Period<br><b>10.02</b><br>Transaction ID : <b>B1DE680903A594FB9BCB</b> |
| City<br>Plymouth  | State<br>MN  |   |
| Purpose of Disbursement<br>Travel Expense                                 | Category/<br>Type  |   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |   |
| State: District:  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>233.13</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 114 OF 140                    |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rogers Printing</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2014</b> |  |
| Mailing Address 21310 John Milless Drive  |  |                        | Amount of Each Disbursement this Period<br><b>337.41</b>             |  |
| City<br>Rogers  | State<br>MN  | Zip Code<br>55374-4400 | Transaction ID : <b>B63AF01B92CE045F3A7A</b>                         |  |
| Purpose of Disbursement<br>Printing   |  | 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:  |  |                        |  |  |

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pinnacle Direct</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2014</b> |  |
| Mailing Address 15260 113th St N  |  |                        | Amount of Each Disbursement this Period<br><b>8994.10</b>            |  |
| City<br>Stillwater  | State<br>MN  | Zip Code<br>55082-9575 | Transaction ID : <b>BDAE736F1677248E3B20</b>                         |  |
| Purpose of Disbursement<br>Direct Mail  |  | 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:  |  |                        |  |  |

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. David Myles Fitzsimmons</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2014</b> |  |
| Mailing Address 10731 County Road 37 NE   |  |                        | Amount of Each Disbursement this Period<br><b>193.76</b>             |  |
| City<br>Albertville   | State<br>MN  | Zip Code<br>55301-9660 | Transaction ID : <b>B043FE335F3E54458A64</b>                         |  |
| Purpose of Disbursement<br>Travel Expenses- No Itemization Necessary  |  | 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).....      | <b>9525.27</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 115 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Patrick Haley</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2014                                    |
| Mailing Address 10994 178th Ave NW  |  | Amount of Each Disbursement this Period<br>47.60<br><b>Transaction ID : B4A97B8C08A2F44F0B0F</b> |
| City Elk River  | State MN Zip Code 55330-6552   |  |
| Purpose of Disbursement<br>Mileage  | 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:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014                                     |
| Mailing Address 560 3rd St NW   |  | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : B8C3994EFB186419DB06</b> |
| City Elk River  | State MN Zip Code 55330-1409   |   |
| Purpose of Disbursement<br>Postage  | 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:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Max</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014                                     |
| Mailing Address 14000 Wayzata Blvd  |  | Amount of Each Disbursement this Period<br>115.13<br><b>Transaction ID : B1CB3A29F8D194596B56</b> |
| City Minnetonka   | State MN Zip Code 55305-1740   |   |
| Purpose of Disbursement<br>Office Supplies  | 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).....      | 362.73 |
| <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 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Max</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 28 / 2014</b>                                     |
| Mailing Address 14000 Wayzata Blvd   |   | Amount of Each Disbursement this Period<br><b>103.05</b><br>Transaction ID : <b>BE3CAB353A9304928810</b> |
| City<br>Minnetonka   | State<br>MN   |  |
| Zip Code<br>55305-1740   | Purpose of Disbursement<br>Office Supplies  | 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:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Holiday Stationstore</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 28 / 2014</b>                                   |
| Mailing Address 14100 Carlson Pkwy   |   | Amount of Each Disbursement this Period<br><b>2.76</b><br>Transaction ID : <b>B5FA2F35EB7024BDC955</b> |
| City<br>Plymouth   | State<br>MN   |  |
| Zip Code<br>55441-5302   | Purpose of Disbursement<br>Travel 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:<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. Holiday Stationstore</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b>                                    |
| Mailing Address 14100 Carlson Pkwy   |   | Amount of Each Disbursement this Period<br><b>16.86</b><br>Transaction ID : <b>BC925B48EE33746069AF</b> |
| City<br>Plymouth   | State<br>MN   |   |
| Zip Code<br>55441-5302   | Purpose of Disbursement<br>Travel 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:<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>122.67</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 117 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Republican Party of Minnesota</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b>                                     |
| Mailing Address 525 Park St<br>Ste 250   |   | Amount of Each Disbursement this Period<br><b>700.00</b><br>Transaction ID : <b>B9C771874E8FB48DEBF9</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55103-2145   | Purpose of Disbursement<br>Event Tickets  | 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:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle International</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b>                                    |
| Mailing Address 205 Pennsylvania Ave SE  |   | Amount of Each Disbursement this Period<br><b>60.00</b><br>Transaction ID : <b>BF2B5ADA616894A73971</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20003-1164   | Purpose of Disbursement<br>CC Transaction 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:<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. Target Stores</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b>                                    |
| Mailing Address 13201 Ridgedale Dr   |   | Amount of Each Disbursement this Period<br><b>18.39</b><br>Transaction ID : <b>B1466582EADD141CF996</b> |
| City<br>Minnetonka   | State<br>MN   |   |
| Zip Code<br>55305-1809   | Purpose of Disbursement<br>Office Supplies  | 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).....      | <b>778.39</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 118 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Benson Jr.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014                                     |
| Mailing Address 160 90th Ln NE   |   | Amount of Each Disbursement this Period<br>260.10<br><b>Transaction ID : BFD1C39BE66824BFF802</b> |
| City<br>Minneapolis  | State<br>MN   |   |
| Zip Code<br>55434-1126   | Purpose of Disbursement<br>See Memo Entries   | 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:  |   |

|  |   |   |
|--|---|---|
| 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 / 27 / 2014   |
| Mailing Address 560 3rd St NW  |   | Amount of Each Disbursement this Period<br>126.32<br><b>Transaction ID : B907A12E1BA134206A16</b><br><b>[MEMO ITEM]</b> |
| City<br>Elk River  | State<br>MN   |   |
| Zip Code<br>55330-1409   | Purpose of Disbursement<br>Postage  | 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:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Robert Benson Jr.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014   |
| Mailing Address 160 90th Ln NE   |   | Amount of Each Disbursement this Period<br>108.78<br><b>Transaction ID : BB526650219F649E5950</b><br><b>[MEMO ITEM]</b> |
| City<br>Minneapolis  | State<br>MN   |   |
| Zip Code<br>55434-1126   | Purpose of Disbursement<br>Mileage  | 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).....      | 260.10 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David Myles Fitzsimmons</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                                      |
| Mailing Address 10731 County Road 37 NE  |   | Amount of Each Disbursement this Period<br>1150.47<br><b>Transaction ID : B8D07F4273904431FAE1</b> |
| City<br>Albertville  | State<br>MN   |  |
| Zip Code<br>55301-9660   | Purpose of Disbursement<br>See Memo Entries   | 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:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Myles Fitzsimmons</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014  |
| Mailing Address 10731 County Road 37 NE  |   | Amount of Each Disbursement this Period<br>1130.50<br><b>Transaction ID : BE16D7C7860494C369D9</b><br><b>[MEMO ITEM]</b> |
| City<br>Albertville  | State<br>MN   |  |
| Zip Code<br>55301-9660   | Purpose of Disbursement<br>Mileage  | 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:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Holiday Stationstore</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014  |
| Mailing Address 14100 Carlson Pkw  |   | Amount of Each Disbursement this Period<br>19.97<br><b>Transaction ID : BFC8BA4E271124552875</b><br><b>[MEMO ITEM]</b> |
| City<br>Plymouth   | State<br>MN   |  |
| Zip Code<br>55441-5302   | Purpose of Disbursement<br>Travel 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:<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).....      | 1150.47 |
| <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 140                    |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rachel Horn</b>  |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>01 / 22 / 2014  |
| Mailing Address 7700 Sunwood Dr NW<br>#426  |  |                        | Amount of Each Disbursement this Period<br>203.87<br><b>Transaction ID : B7FC2EE3229E34A2C899</b> |
| City<br>Anoka   | State<br>MN  | Zip Code<br>55303-5289 |   |
| Purpose of Disbursement<br>See Memo Entries   |  | 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:  |  |                        |   |

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Rachel Horn</b>  |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>01 / 22 / 2014  |
| Mailing Address 7700 Sunwood Dr NW<br>#426  |  |                        | Amount of Each Disbursement this Period<br>121.28<br><b>Transaction ID : B919EC27E431444B2897</b> |
| City<br>Anoka   | State<br>MN  | Zip Code<br>55303-5289 |   |
| Purpose of Disbursement<br>Mileage  |  | 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:  |  |                        |   |

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Target Stores</b>  |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>01 / 22 / 2014  |
| Mailing Address 13201 Ridgedale Dr  |  |                        | Amount of Each Disbursement this Period<br>9.99<br><b>Transaction ID : B3270C24D4BED46E8877</b> |
| City<br>Minnetonka  | State<br>MN  | Zip Code<br>55305-1809 |   |
| Purpose of Disbursement<br>Office Supplies  |  | 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:  |  |                        |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 203.87 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Max</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 22 / 2014 |
| Mailing Address 14000 Wayzata Blvd  |  | Amount of Each Disbursement this Period<br>72.60         |
| City<br>Minnetonka  | State<br>MN  |  |
| Zip Code<br>55305-1740  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : B9D15F114B92F4B5291C                    |
| Candidate Name  | Category/<br>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) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rachel Horn</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 24 / 2014 |
| Mailing Address 7700 Sunwood Dr NW #426   |  | Amount of Each Disbursement this Period<br>1202.12       |
| City<br>Anoka   | State<br>MN  |  |
| Zip Code<br>55303-5289  | Purpose of Disbursement<br>See Memo Entries  | Transaction ID : BC91D41D6991D475EB4F                    |
| Candidate Name  | Category/<br>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. Target Stores</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 24 / 2014 |
| Mailing Address 13201 Ridgedale Dr  |  | Amount of Each Disbursement this Period<br>42.74         |
| City<br>Minnetonka  | State<br>MN  |  |
| Zip Code<br>55305-1809  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : BCF5407DF2D13485C9EB                    |
| Candidate Name  | Category/<br>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) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1202.12 |
| <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 122 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Max</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014 |
| Mailing Address 14000 Wayzata Blvd  |  | Amount of Each Disbursement this Period<br>266.34             |
| City<br>Minnetonka  | State<br>MN  |   |
| Zip Code<br>55305-1740  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : <b>B7005F68A7C284D8F834</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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| 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>02 / 24 / 2014 |
| Mailing Address 560 3rd St NW   |  | Amount of Each Disbursement this Period<br>588.00             |
| City<br>Elk River   | State<br>MN  |   |
| Zip Code<br>55330-1409  | Purpose of Disbursement<br>Postage   | Transaction ID : <b>B8C7E880891944D76B6B</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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Rachel Horn</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014 |
| Mailing Address 7700 Sunwood Dr NW<br>#426  |  | Amount of Each Disbursement this Period<br>123.66             |
| City<br>Anoka   | State<br>MN  |   |
| Zip Code<br>55303-5289  | Purpose of Disbursement<br>Mileage   | Transaction ID : <b>BB3ACE6E6E345420F8CD</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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| 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: (check only one)             |                                    | PAGE 123 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David Myles Fitzsimmons</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014                                      |
| Mailing Address 10731 County Road 37 NE   |  | Amount of Each Disbursement this Period<br>1335.12<br><b>Transaction ID : B05F76D71A9C148A0B31</b> |
| City<br>Albertville   | State<br>MN  |  |
| Zip Code<br>55301-9660  | Purpose of Disbursement<br>See Memo Entries  | Category/<br>Type  |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| 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. David Myles Fitzsimmons</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014   |
| Mailing Address 10731 County Road 37 NE   |  | Amount of Each Disbursement this Period<br>864.50<br><b>Transaction ID : BCCCD1BA92EAC459BB57</b><br><b>[MEMO ITEM]</b> |
| City<br>Albertville   | State<br>MN  |   |
| Zip Code<br>55301-9660  | Purpose of Disbursement<br>Mileage   | Category/<br>Type   |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| 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. Office Max</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014  |
| Mailing Address 14000 Wayzata Blvd  |  | Amount of Each Disbursement this Period<br>72.22<br><b>Transaction ID : BFCB5590D290E4E0AB0F</b><br><b>[MEMO ITEM]</b> |
| City<br>Minnetonka  | State<br>MN  |  |
| Zip Code<br>55305-1740  | Purpose of Disbursement<br>Office Supplies   | Category/<br>Type  |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| 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).....      | 1335.12 |
| <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 124 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. David Myles Fitzsimmons</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2014  |
| Mailing Address 10731 County Road 37 NE  |   | Amount of Each Disbursement this Period<br>620.00<br><b>Transaction ID : B2D70C55611E047BFBAF</b> |
| City<br>Albertville  | State<br>MN   |   |
| Zip Code<br>55301-9660   | Purpose of Disbursement<br>See Memo Entries   | 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:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2014  |
| Mailing Address 4333 Amon Carter Blvd  |   | Amount of Each Disbursement this Period<br>308.00<br><b>Transaction ID : BF60D5F775C054512898</b> |
| City<br>Fort Worth   | State<br>TX   |   |
| Zip Code<br>76155-2605   | Purpose of Disbursement<br>Airfare  | 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>[MEMO ITEM]</b>  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Delta</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2014  |
| Mailing Address 1030 Delta Blvd  |   | Amount of Each Disbursement this Period<br>312.00<br><b>Transaction ID : BCD43D3AF412142498C2</b> |
| City<br>Atlanta  | State<br>GA   |   |
| Zip Code<br>30354-1989   | Purpose of Disbursement<br>Airfare  | 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>[MEMO ITEM]</b>  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 620.00 |
| <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 125 OF 140 |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Caging Corporation</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2014                                     |
| Mailing Address 504 Shaw Rd Ste 217   |  | Amount of Each Disbursement this Period<br>578.25<br><b>Transaction ID : B4E3B9838A811492D812</b> |
| City Sterling   | State VA Zip Code 20166-9438   |   |
| Purpose of Disbursement<br>Debt Repayment: Caging   |  | 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:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Myles Fitzsimmons</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                                      |
| Mailing Address 10731 County Road 37 NE   |  | Amount of Each Disbursement this Period<br>2322.49<br><b>Transaction ID : BB4F6EE94C8F24F07BD1</b> |
| City Albertville  | State MN Zip Code 55301-9660   |  |
| Purpose of Disbursement<br>See Memo Entries   |  | 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:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Best Buy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                                      |
| Mailing Address 13513 Ridgedale Dr  |  | Amount of Each Disbursement this Period<br>1389.20<br><b>Transaction ID : B64C474CDCB84496499F</b> |
| City Minnetonka   | State MN Zip Code 55305-1813   |  |
| Purpose of Disbursement<br>Office Equipment   |  | 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).....      | 2900.74 |
| <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 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Walmart</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 22 / 2014 |
| Mailing Address Hwy 25  |  | Amount of Each Disbursement this Period<br>737.66        |
| City<br>Buffalo   | State<br>MN  |  |
| Purpose of Disbursement<br>Office Equipment   | Zip Code   | Transaction ID : B071F9088027E470FAA4                    |
| Candidate Name  | Category/<br>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) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rachel Horn</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 17 / 2014 |
| Mailing Address 7700 Sunwood Dr NW<br>#426  |  | Amount of Each Disbursement this Period<br>197.68        |
| City<br>Anoka   | State<br>MN  |  |
| Purpose of Disbursement<br>See Memo Entries   | Zip Code<br>55303-5289   | Transaction ID : B4070D42545494D1FB9D                    |
| Candidate Name  | Category/<br>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. Rachel Horn</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 17 / 2014 |
| Mailing Address 7700 Sunwood Dr NW<br>#426  |  | Amount of Each Disbursement this Period<br>82.67         |
| City<br>Anoka   | State<br>MN  |  |
| Purpose of Disbursement<br>Mileage  | Zip Code<br>55303-5289   | Transaction ID : B5EB97183D74B48059BA                    |
| Candidate Name  | Category/<br>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) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 197.68 |
| <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 127 OF 140                    |                                     |                                    |  |
|   | <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)  
**Emmer for Congress**

Full Name (Last, First, Middle Initial)

**A. Target Stores**

Mailing Address 13201 Ridgedale Dr

City State Zip Code  
Minnetonka MN 55305-1809

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 17 / 2014

Amount of Each Disbursement this Period  
115.01

Transaction ID : BB9870D7B48B740B9B7E

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Consolidated Mailing Services**

Mailing Address 504 Shaw Rd  
Suite 206

City State Zip Code  
Sterling VA 20166-9437

Purpose of Disbursement  
Debt Repayment: Direct Mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

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

Amount of Each Disbursement this Period  
11626.34

Transaction ID : BC050405C9D3F49DAA73

Full Name (Last, First, Middle Initial)

**C. Consolidated Mailing Services**

Mailing Address 504 Shaw Rd  
Suite 206

City State Zip Code  
Sterling VA 20166-9437

Purpose of Disbursement  
Debt Repayment: Direct Mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 24 / 2014

Amount of Each Disbursement this Period  
9259.39

Transaction ID : BA1BBDDA6511E419E8CD

**SUBTOTAL** of Disbursements This Page (optional)..... 20885.73

**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 128 OF 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Consolidated Mailing Services</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 12 / 2014                                      |
| Mailing Address 504 Shaw Rd<br>Suite 206  |  | Amount of Each Disbursement this Period<br>1259.73<br><b>Transaction ID : BB7CE64CE1B674FF78FF</b> |
| City Sterling   | State VA Zip Code 20166-9437   |  |
| Purpose of Disbursement<br>Debt Repayment: Direct Mail  |  | 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:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Myles Fitzsimmons</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                      |
| Mailing Address 10731 County Road 37 NE   |  | Amount of Each Disbursement this Period<br>1941.10<br><b>Transaction ID : B5BAB0513E00B4792A20</b> |
| City Albertville  | State MN Zip Code 55301-9660   |  |
| Purpose of Disbursement<br>See Memo Entries   |  | 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:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Albertville Auto Car Center</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                                     |
| Mailing Address 11019 61st St NE  |  | Amount of Each Disbursement this Period<br>625.95<br><b>Transaction ID : B9A4FD5E561D649CF80A</b> |
| City Albertville  | State MN Zip Code 55301-3314   |   |
| Purpose of Disbursement<br>Campaign Vehicle Repair  |  | 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).....      | 3200.83 |
| <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 140 |  |  |  |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Walmart</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2014 |
| Mailing Address Hwy 25  |  | Amount of Each Disbursement this Period<br>12.15         |
| City<br>Buffalo   | State<br>MN  |  |
| Purpose of Disbursement<br>Office Supplies  | Zip Code   | <b>Transaction ID : B3744E36CA583401A9A3</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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b>                                       |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Max</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2014 |
| Mailing Address 14000 Wayzata Blvd  |  | Amount of Each Disbursement this Period<br>18.15         |
| City<br>Minnetonka  | State<br>MN  |  |
| Purpose of Disbursement<br>Office Supplies  | Zip Code<br>55305-1740   | <b>Transaction ID : BD07377538A6B41B1B4E</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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b>                                       |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. David Myles Fitzsimmons</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2014 |
| Mailing Address 10731 County Road 37 NE   |  | Amount of Each Disbursement this Period<br>1075.20       |
| City<br>Albertville   | State<br>MN  |  |
| Purpose of Disbursement<br>Mileage  | Zip Code<br>55301-9660   | <b>Transaction ID : B12CAC388F8044F97B1E</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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b>                                       |
| 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 130 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Century Data Mailing Service</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2014                                      |
| Mailing Address 1155 15th St NW Ste 410  |  | Amount of Each Disbursement this Period<br>4166.36<br><b>Transaction ID : B62E6216B380B4C7BB03</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement<br>Debt Repayment: Direct Mail   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. David Myles Fitzsimmons</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014                                     |
| Mailing Address 10731 County Road 37 NE  |  | Amount of Each Disbursement this Period<br>108.47<br><b>Transaction ID : BA805D25592C74167AD2</b> |
| City Albertville State MN Zip Code 55301-9660  | Purpose of Disbursement<br>Travel Expenses No Itemization Needed   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2014                                      |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>3495.00<br><b>Transaction ID : B832B7E0E3EB04FF3B37</b> |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement<br>See Memo Entry  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7769.83 |
| <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 131 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

**A. Endorse Communications**

Full Name (Last, First, Middle Initial)  
Mailing Address 3628 154th Street West

City Rosemount State MN Zip Code 55068-1791

Purpose of Disbursement Web Design and Maintenance

Candidate Name

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

State: District:

Date of Disbursement: 01 / 08 / 2014

Amount of Each Disbursement this Period: 3495.00

Transaction ID : B7D128E74D20348A78EA

[MEMO ITEM]

**B. Robert Benson Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address 160 90th Ln NE

City Minneapolis State MN Zip Code 55434-1126

Purpose of Disbursement See Memo Entries

Candidate Name

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

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 443.40

Transaction ID : B8D83113E6D194A34A62

**c. Robert Benson Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address 160 90th Ln NE

City Minneapolis State MN Zip Code 55434-1126

Purpose of Disbursement Mileage

Candidate Name

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

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 300.83

Transaction ID : B38A55A0A8B074612BC6

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 443.40

**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 132 OF 140   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Target Stores</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |
| Mailing Address 13201 Ridgedale Dr  |  | Amount of Each Disbursement this Period<br>129.50             |
| City<br>Minnetonka  | State<br>MN  |   |
| Zip Code<br>55305-1809  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : B97E449834735460FBAB                         |
| Candidate Name  | Category/<br>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) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Simpkins Escrow LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2014 |
| Mailing Address 29243 St Just Dr  |  | Amount of Each Disbursement this Period<br>140.20             |
| City<br>Unionville  | State<br>VA  |   |
| Zip Code<br>22567-3220  | Purpose of Disbursement<br>Debt Repayment: Caging  | Transaction ID : BDFE5DE5A2AC447AC808                         |
| Candidate Name  | Category/<br>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. Legacy Lists Inc</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014 |
| Mailing Address 1155 15th St NW<br>Suite 410  |  | Amount of Each Disbursement this Period<br>1371.90            |
| City<br>Washington  | State<br>DC  |   |
| Zip Code<br>20005-2748  | Purpose of Disbursement<br>Debt Repayment: Direct Mail   | Transaction ID : B96E5C54813F34923833                         |
| Candidate Name  | Category/<br>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:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1512.10 |
| <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 133 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Legacy Lists Inc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 09 / 2014  |
| Mailing Address 1155 15th St NW<br>Suite 410   |  | Amount of Each Disbursement this Period<br>710.00<br><b>Transaction ID : BBDFC87A30C434271A9F</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement<br>Debt Repayment: Direct Mail   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Legacy Lists Inc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 24 / 2014   |
| Mailing Address 1155 15th St NW<br>Suite 410   |  | Amount of Each Disbursement this Period<br>5627.81<br><b>Transaction ID : B6B4D4CC56E474883B38</b> |
| City Washington State DC Zip Code 20005-2748   | Purpose of Disbursement<br>Debt Repayment: Direct Mail   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. David Myles Fitzsimmons</b>                                     |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2014  |
| Mailing Address 10731 County Road 37 NE  |  | Amount of Each Disbursement this Period<br>926.80<br><b>Transaction ID : BB9EA25C3CE5A4EF8B96</b> |
| City Albertville State MN Zip Code 55301-9660  | Purpose of Disbursement<br>See Memo Entries  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7264.61 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 134 OF 140                     |                                    |
|   | <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)  
**Emmer for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2014 |
| Mailing Address 1030 Delta Blvd   |  | Amount of Each Disbursement this Period<br>312.00        |
| City<br>Atlanta   | State<br>GA  |  |
| Zip Code<br>30354-1989  | Purpose of Disbursement<br>Airfare   | Transaction ID : <b>BE3858EA0F8334F50856</b>             |
| 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) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hotwire</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2014 |
| Mailing Address 333 Market Street Ste 100   |  | Amount of Each Disbursement this Period<br>492.80        |
| City<br>San Francisco   | State<br>CA  |  |
| Zip Code<br>94105-2146  | Purpose of Disbursement<br>Lodging   | Transaction ID : <b>BCE62EF6D22784FE0B0F</b>             |
| 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) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | Amount of Each Disbursement this Period |
| City  | State  |   |
| Zip Code  | Purpose of Disbursement  | [MEMO ITEM]                             |
| 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) | [MEMO ITEM]                             |
| State: District:  |  |   |

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00      |
| <b>TOTAL</b> This Period (last page this line number only)..... | 287149.03 |

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

NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Thomas Earl Emmer Jr.</b> | Nature of Debt (Purpose):<br>Travel and Meeting Expenses |
| Mailing Address  |  |
| City State Zip Code  |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>467.37 | <b>Transaction ID : D5D1A14FD75BE4A1B9F8</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>467.37 |

|  |   |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Thomas Earl Emmer Jr.</b> | Nature of Debt (Purpose):<br>Meeting Expenses and Mileage |
| Mailing Address  |   |
| City State Zip Code  |   |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>208.23 | <b>Transaction ID : DFABEF773097741B8967</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>208.23 |

|   |  |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Legacy Lists Inc</b> | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 1155 15th St NW<br>Suite 410  |  |
| City State Zip Code<br>Washington DC 20005-2748   |  |

|   |  |  |
|---|--|--|
| Outstanding Balance Beginning This Period<br>10829.63 | <b>Transaction ID : D8A46C7236BA747539A3</b> |  |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>7709.71               | Outstanding Balance at Close of This Period<br>3119.92 |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 3795.52 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | 0.00    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00    |

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 136 OF 140   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Donor Precision LLC</b> | Nature of Debt (Purpose):<br>Direct Mail List Rental |
| Mailing Address 1900 N Culpepper St  |  |
| City State Zip Code<br>Arlington VA 22207-2003   |  |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br>1390.86 | <b>Transaction ID : D112582E981254EE1904</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>1390.86 |

|   |                                     |
|---|-------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Capitol Caging Corporation</b> | Nature of Debt (Purpose):<br>Caging |
| Mailing Address 504 Shaw Rd Ste 217   |                                     |
| City State Zip Code<br>Sterling VA 20166-9438   |                                     |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>578.25 | <b>Transaction ID : D24C037EED2B14108B9F</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>578.25                | Outstanding Balance at Close of This Period<br>0.00 |

|  |  |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Consolidated Mailing Services</b> | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 504 Shaw Rd Suite 206  |  |
| City State Zip Code<br>Sterling VA 20166-9437  |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>22145.46 | <b>Transaction ID : DB79F574EEE72446DAFA</b> |   |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>22145.46              | Outstanding Balance at Close of This Period<br>0.00 |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 1390.86 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | 0.00    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00    |



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

NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|  |            |                                     |
|--|------------|-------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Simpkins Escrow LLC</b> |            | Nature of Debt (Purpose):<br>Caging |
| Mailing Address 29243 St Just Dr   |            |                                     |
| City State   | Zip Code   |                                     |
| Unionville VA  | 22567-3220 |                                     |

|   |                                       |   |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : DC22E2823D6E345D4B6D |   |
| 140.20                                    |                                       |   |
| Amount Incurred This Period               | Payment This Period                   | Outstanding Balance at Close of This Period |
| 0.00                                      | 140.20                                | 0.00  |

|   |            |  |
|---|------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Century Data Mailing Service</b> |            | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 1155 15th St NW Ste 410   |            |  |
| City State  | Zip Code   |  |
| Washington DC   | 20005-2748 |  |

|   |                                       |   |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D9B446BCAF125420ABBD |   |
| 4166.36                                   |                                       |   |
| Amount Incurred This Period               | Payment This Period                   | Outstanding Balance at Close of This Period |
| 0.00                                      | 4166.36                               | 0.00  |

|   |            |  |
|---|------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Base Connect</b> |            | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 1155 15th St NW Suite 410   |            |  |
| City State  | Zip Code   |  |
| Washington DC   | 20005-2748 |  |

|   |                                       |   |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D280B4688D8974A8D949 |   |
| 7038.50                                   |                                       |   |
| Amount Incurred This Period               | Payment This Period                   | Outstanding Balance at Close of This Period |
| 0.00                                      | 0.00                                  | 7038.50                                     |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 7038.50 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | 0.00    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00    |

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 138 OF 140   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

**Emmer for Congress**

|   |  |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Base Connect</b> | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 1155 15th St NW<br>Suite 410  |  |
| City State Zip Code<br>Washington DC 20005-2748   |  |

|   |                                       |   |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : DF4B78C08BA8B45FA8FF |   |
| Amount Incurred This Period<br>13573.57           | Payment This Period<br>0.00           | Outstanding Balance at Close of This Period<br>13573.57 |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Donor Precision LLC</b> | Nature of Debt (Purpose):<br>Direct Mail List Rental |
| Mailing Address 1900 N Culpepper St  |  |
| City State Zip Code<br>Arlington VA 22207-2003   |  |

|   |                                       |   |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : DD94396BF58E34B8A940 |   |
| Amount Incurred This Period<br>546.22             | Payment This Period<br>0.00           | Outstanding Balance at Close of This Period<br>546.22 |

|  |                                     |
|--|-------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Simpkins Escrow LLC</b> | Nature of Debt (Purpose):<br>Caging |
| Mailing Address 29243 St Just Dr   |                                     |
| City State Zip Code<br>Unionville VA 22567-3220  |                                     |

|   |                                       |   |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | Transaction ID : DB277B7B49EC942BCBFD |   |
| Amount Incurred This Period<br>418.15             | Payment This Period<br>0.00           | Outstanding Balance at Close of This Period<br>418.15 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 14537.94 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | 0.00     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00     |

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

NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|   |  |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Century Data Mailing Service</b> | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 1155 15th St NW Ste 410   |  |
| City State Zip Code<br>Washington DC 20005-2748   |  |

|   |  |  |
|---|--|--|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : D4C4E727FB6AD46B4A86</b> |  |
| Amount Incurred This Period<br>3997.36            | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>3997.36 |

|   |                                     |
|---|-------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Capitol Caging Corporation</b> | Nature of Debt (Purpose):<br>Caging |
| Mailing Address 504 Shaw Rd Ste 217   |                                     |
| City State Zip Code<br>Sterling VA 20166-9438   |                                     |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : D312864974DBD48AA936</b> |   |
| Amount Incurred This Period<br>762.46             | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>762.46 |

|  |  |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Consolidated Mailing Services</b> | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 504 Shaw Rd Suite 206  |  |
| City State Zip Code<br>Sterling VA 20166-9437  |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : DD488F4C95AB340C6BCA</b> |   |
| Amount Incurred This Period<br>23244.13           | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>23244.13 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 28003.95 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | 0.00     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00     |

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

NAME OF COMMITTEE (In Full)  
**Emmer for Congress**

|   |  |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Legacy Lists Inc</b> | Nature of Debt (Purpose):<br>Direct Mail |
| Mailing Address 1155 15th St NW<br>Suite 410  |  |
| City State Zip Code<br>Washington DC 20005-2748   |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID : DC6BFF08751424BA4B33</b> |   |
| Amount Incurred This Period<br>11974.23           | Payment This Period<br>0.00                  | Outstanding Balance at Close of This Period<br>11974.23 |

|  |                           |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |
|---|---------------------|---|
| Outstanding Balance Beginning This Period |                     |   |
| 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 | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |
|---|---------------------|---|
| Outstanding Balance Beginning This Period |                     |   |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | 11974.23 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | 66741.00 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | 0.00     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 66741.00 |