

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 14 FEB -5 PM 12:50 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. JONI ERNST FOR U.S. SENATE, INC.

ADDRESS (number and street) PO BOX 93441 DES MOINES IA 50393 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00546788 3. IS THIS REPORT NEW (N) OR AMENDED (A) IA 00 CITY STATE ZIP CODE STATE DISTRICT

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 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 Y in the State of

5. Covering Period 10 01 2013 through 12 31 2013

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 BRADLEY CRATE Signature of Treasurer BRADLEY CRATE Date 01 31 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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

14020123742

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JONI ERNST FOR U.S. SENATE, INC.

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	202774.22	455171.67
(b) Total Contribution Refunds (from Line 20(d))	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	202724.22	455121.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	137494.69	165606.76
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	137494.69	165606.76
8. Cash on Hand at Close of Reporting Period (from Line 27)	289514.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

JONI ERNST FOR U.S. SENATE, INC.

Report Covering the Period: From:

M M / D D / Y Y Y Y
10 / 01 / 2013

To:

M M / D D / Y Y Y Y
12 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	154045.00	385204.29
(ii) Unitemized.....	43729.22	61367.38
(iii) TOTAL of contributions from individuals.....	197774.22	446571.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	6000.00
(d) The Candidate.....	0.00	2600.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	202774.22	455171.67
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. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	202774.22	455171.67

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DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	137494.69	165606.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	50.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50.00	50.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	137544.69	165656.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	224285.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	202774.22
25. SUBTOTAL (add Line 23 and Line 24).....	427059.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	137544.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	289514.91

14020123745

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) ANDREA ABEL		Date of Receipt MM / DD / YYYY 11 / 13 / 2013
Mailing Address 1545 GLEN OAKS DR		Transaction ID : SA11AI.6271
City WEST DES MOINES	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) DUANE ACKER		Date of Receipt MM / DD / YYYY 11 / 13 / 2013
Mailing Address 66344 TROUBLESOME CREEK ROAD		Transaction ID : SA11AI.6162
City ATLANTIC	State IA	Zip Code 50022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) GERALD E ANDERSON		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1351 210TH STREET		Transaction ID : SA11AI.7424
City RED OAK	State IA	Zip Code 51566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 6 OF 123

(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) JACK ANDERSON		Date of Receipt M / D / Y 11 / 23 / 2013
Mailing Address 5000 LEGACY DRIVE		Transaction ID : SA11A1.6581
City PLANO	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JAMES L ANDERSON		Date of Receipt M / D / Y 12 / 16 / 2013
Mailing Address PO BOX 41367		Transaction ID : SA11A1.7008
City DES MOINES	State IA	Zip Code 50311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JAMES ANDERSON CONSTRUCTION	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DALE F ANDRES		Date of Receipt M / D / Y 12 / 02 / 2013
Mailing Address 500 GRAND OAKS DRIVE		Transaction ID : SA11A1.6766
City WEST DES MOINES	State IA	Zip Code 50265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PATHOLOGY ASSOCIATION OF CENTRAL IO	Occupation DOCTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) KENNETH R ANDRESEN		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2013	
Mailing Address 5835 S WINWOOD DRIVE		Transaction ID : SA11AI.5817	
City JOHNSTON	State IA	Zip Code 50131	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NATIONAL GUARD ASSOCIATION OF IOWA	Occupation INSURANCE ADMINISTRATOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MARY V ANDRINGA		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 10682 NE 46TH AVE		Transaction ID : SA11AI.7228	
City MITCHELLVILLE	State IA	Zip Code 50169	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer VERMEER CORPORATION	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) JEFFREY A BALLENGER		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address PO BOX 1967		Transaction ID : SA11AI.7264	
City COUNCIL BLUFFS	State IA	Zip Code 51502	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation BALLENGERS CAR WASH		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: (check only one)	PAGE 8 OF 123
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) BARBARA BAUMGARN		Date of Receipt 12 / 10 / 2013
Mailing Address 2404 NE PARK DRIVE		Transaction ID : SA11AI.6834
City GRIMES	State IA	Zip Code 50111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) BARBARA BAUMGARN		Date of Receipt 12 / 10 / 2013
Mailing Address 2404 NE PARK DRIVE		Transaction ID : SA11AI.6835
City GRIMES	State IA	Zip Code 50111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) BRUCE BAUMGARN		Date of Receipt 12 / 10 / 2013
Mailing Address 2404 NORTHEAST PARK DRIVE		Transaction ID : SA11AI.6831
City GRIMES	State IA	Zip Code 50111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MAIL SERVICES LLC	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. BRUCE BAUMGARN		Date of Receipt 12 / 10 / 2013
Mailing Address 2404 NORTHEAST PARK DRIVE		Transaction ID : SA11AI.6832
City GRIMES	State IA	Zip Code 50111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MAIL SERVICES LLC	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. CHARLES P BECKER		Date of Receipt 11 / 13 / 2013
Mailing Address 3378 XAVIER ACE		Transaction ID : SA11AI.6222
City DAYTON	State IA	Zip Code 50530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer STRATFORD GRAVEL INC	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. E.O. BELT		Date of Receipt 12 / 31 / 2013
Mailing Address 1944 N. INGLES DRIVE		Transaction ID : SA11AI.7493
City RED OAK	State IA	Zip Code 51566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RK BELT & SONS INC	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 123	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) WILLIAM BILLINGS		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 27 MAYRIDGE DR		Transaction ID : SA11AL7268
City SHENANDOAH	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) NANCY BOETTGER		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 926 IRONWOOD ROAD		Transaction ID : SA11AL7489
City HARLAN	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer STATE OF IOWA	Occupation STATE SENATOR	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) KENNETH BRATNEY		Date of Receipt MM / DD / YYYY 11 / 06 / 2013
Mailing Address 13731 HICKMAN ROAD UNIT 3107		Transaction ID : SA11AL5922
City URBANDALE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

14020123751

**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 123
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial) DIANE a BRIDGEWATER		Date of Receipt M M / D D / Y Y Y Y 12 30 2013	
Mailing Address 8161 HEATHER BOW		Transaction ID : SA11A1.7210	
City JOHNSTON	State IA	Zip Code 50131	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer LCS	Occupation FINANCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) STEVEN D BROWN		Date of Receipt M M / D D / Y Y Y Y 10 18 2013	
Mailing Address 904 COURT STREET		Transaction ID : SA11A1.5617	
City BEDOFRD	State IA	Zip Code 50833	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer STATE OF IOWA/ABD	Occupation INVESTIGATOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) STEVEN D BROWN		Date of Receipt M M / D D / Y Y Y Y 12 26 2013	
Mailing Address 904 COURT STREET		Transaction ID : SA11A1.7095	
City BEDOFRD	State IA	Zip Code 50833	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer STATE OF IOWA/ABD	Occupation INVESTIGATOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

14820123752

**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 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) DOUGLAS BRUCE		Date of Receipt 12 / 09 / 2013
Mailing Address 1869 GLEN OAKS DRIVE		Transaction ID : SA11AI.6805
City WEST DES MOINES	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer OSMUNDSON MFG	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) STEPHEN BRUERE		Date of Receipt 12 / 31 / 2013
Mailing Address 620 TANGELO CIRCLE		Transaction ID : SA11AI.7497
City NORWALK	State IA	Zip Code 50211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PEOPLES COMPANY	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JEFFREY J BUCKINGHAM		Date of Receipt 11 / 06 / 2013
Mailing Address 41814 BOSTON AVENUE		Transaction ID : SA11AI.5884
City MACEDONIA	State IA	Zip Code 51549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

14020123753

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

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

FOR LINE NUMBER:		PAGE 13 OF 123	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) JEFFREY J BUCKINGHAM		Date of Receipt M M / D D / Y Y Y Y 12 31 2013
Mailing Address 41814 BOSTON AVENUE		Transaction ID : SA11A1.7421
City MACEDONIA	State IA	Zip Code 51549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) ROBERT BUCKLEY		Date of Receipt M M / D D / Y Y Y Y 12 31 2013
Mailing Address 609 E SCHROCK RD		Transaction ID : SA11A1.7393
City WATERLOO	State IA	Zip Code 50701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KIRK GROSS COMPANY	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) STEVEN B BUMP		Date of Receipt M M / D D / Y Y Y Y 10 07 2013
Mailing Address 4705 PLUMWOOD DRIVE		Transaction ID : SA11A1.5544
City WEST DES MOINES	State IA	Zip Code 50265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ZIROUS	Occupation CHAIRMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020123754

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

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

FOR LINE NUMBER: PAGE 14 OF 123
(check only one)

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

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
DANIEL D BURKE

Mailing Address **6107 LAKESHORE CIRCLE**

City **DAVENPORT** State **IA** Zip Code **52807**

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

Name of Employer **BURKE CLEANERS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **11 / 06 / 2013**

Transaction ID : **SA11A1.5915**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **210 RIVER DRIVE**

City **BETTENDORF** State **IA** Zip Code **52722**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 06 / 2013**

Transaction ID : **SA11A1.5460**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **210 RIVER DRIVE**

City **BETTENDORF** State **IA** Zip Code **52722**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt **11 / 04 / 2013**

Transaction ID : **SA11A1.5860**

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **850.00**

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

14920123755

**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 123	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) SHIRLEY BURT		Date of Receipt MM / DD / YYYY 11 / 06 / 2013		
Mailing Address 210 RIVER DRIVE		Transaction ID : SA11A1.5903		
City BETTENDORF	State IA	Zip Code 52722	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer HOMEMAKER	Occupation HOMEMAKER			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00			

Full Name (Last, First, Middle Initial) JUANITA F BYRNS		Date of Receipt MM / DD / YYYY 12 / 31 / 2013		
Mailing Address 3900 VALLEY OAKS DR		Transaction ID : SA11A1.7297		
City CLINTON	State IA	Zip Code 52732	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer HOMEMAKER	Occupation HOMEMAKER			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00			

Full Name (Last, First, Middle Initial) THOMAS T CARDER		Date of Receipt MM / DD / YYYY 12 / 31 / 2013		
Mailing Address 1400 E CHERRY ST		Transaction ID : SA11A1.7422		
City RED OAK	State IA	Zip Code 51566	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer	Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00			

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

14020123756

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) DAVID CASTEN		Date of Receipt 10 / 09 / 2013
Mailing Address 1008 NW ROLLING ROCK ROAD		Transaction ID : SA11AI.5566
City ANKENY	State IA	Zip Code 50023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BARTON SOLVENTS, INC.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) DAVID CASTEN		Date of Receipt 12 / 20 / 2013
Mailing Address 1008 NW ROLLING ROCK ROAD		Transaction ID : SA11AI.7089
City ANKENY	State IA	Zip Code 50023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BARTON SOLVENTS, INC.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MARNIE E CLINE		Date of Receipt 12 / 16 / 2013
Mailing Address 1627 POPLAR AVE		Transaction ID : SA11AI.7039
City PRESCOTT	State IA	Zip Code 50859
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer CLINE FARMS	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

14020123757

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
JOY C CORNING

Mailing Address **2880 GRAND AVE**
NO 406

City **DES MOINES** State **IA** Zip Code **50312**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
12 / 16 / 2013

Transaction ID : **SA11A1.7006**

Amount of Each Receipt this Period
250.00

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

Mailing Address **229 S. 26TH STREET**

City **WEST DES MOINES** State **IA** Zip Code **50265**

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

Name of Employer **NYEMASTER GOODE, P.C.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
MM / DD / YYYY
11 / 14 / 2013

Transaction ID : **SA11A1.6272**

Amount of Each Receipt this Period
250.00

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

Mailing Address **229 S. 26TH STREET**

City **WEST DES MOINES** State **IA** Zip Code **50265**

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

Name of Employer **NYEMASTER GOODE, P.C.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
MM / DD / YYYY
12 / 16 / 2013

Transaction ID : **SA11A1.6974**

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

14020123758

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A.

Full Name (Last, First, Middle Initial)
JENNY CRAIG

Mailing Address **2936 CAMINO DEL MAR**

City **DEL MAR** State **CA** Zip Code **92014**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2013

Transaction ID : **SA11AI.5849**

Amount of Each Receipt this Period
2600.00

B.

Full Name (Last, First, Middle Initial)
JENNY CRAIG

Mailing Address **2936 CAMINO DEL MAR**

City **DEL MAR** State **CA** Zip Code **92014**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : **SA11AI.7206**

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
ALBERT CRAM

Mailing Address **903 HIGHWOOD ST**

City **IOWA CITY** State **IA** Zip Code **52246**

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

Name of Employer **SELF-EMPLOYED** Occupation **SURGEON**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.7213**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **3700.00**

TOTAL This Period (last page this line number only)

14020123759

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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) JONNA K CRANDELL		Date of Receipt M M / D D / Y Y Y Y 12 16 2013	
Mailing Address 1575 TULIP TREE LANE		Transaction ID : SA11AI.6998	
City WEST DES MOINES	State IA	Zip Code 50266	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer IMPROMPTU	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation SALES CLERK	
		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) RICHARD K CROUCH		Date of Receipt M M / D D / Y Y Y Y 12 31 2013	
Mailing Address 59629 280TH ST		Transaction ID : SA11AI.7225	
City MALVERN	State IA	Zip Code 51551	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C		Name of Employer SELF-EMPLOYED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation FARMER	
		Election Cycle-to-Date 1600.00	

Full Name (Last, First, Middle Initial) RICHARD CULVER		Date of Receipt M M / D D / Y Y Y Y 12 31 2013	
Mailing Address 1716 N AVE.		Transaction ID : SA11AI.7494	
City RED OAK	State IA	Zip Code 51566	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer CULVER CONSTRUCTION	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation OWNER	
		Election Cycle-to-Date 3600.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

14020123760

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 123	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) RICHARD CULVER		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1716 N AVE.		Transaction ID : SA11AI.7495
City RED OAK	State IA	
Zip Code 51566		Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C		
Name of Employer CULVER CONSTRUCTION	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) KENT DAVIS		Date of Receipt MM / DD / YYYY 10 / 22 / 2013
Mailing Address 505 SKYHAWK PLACE		Transaction ID : SA11AI.5845
City FRANKLIN	State TN	
Zip Code 37064		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) KENT DAVIS		Date of Receipt MM / DD / YYYY 12 / 12 / 2013
Mailing Address 505 SKYHAWK PLACE		Transaction ID : SA11AI.6939
City FRANKLIN	State TN	
Zip Code 37064		Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

14020123761

**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 123	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) GRANT C DEAN			Date of Receipt 10 07 2013
Mailing Address 56082 221ST STREET			Transaction ID : SA11A1.5475
City GLENWOOD	State IA	Zip Code 51534	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer GLENWOOD STATE BANK		Occupation BANKER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) KEITH V DENNER			Date of Receipt 12 10 2013
Mailing Address 917 57TH PLACE			Transaction ID : SA11A1.6843
City WEST DES MOINES	State IA	Zip Code 50266	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer PPM INC.		Occupation PROPERTY MANAGER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) KEITH V DENNER			Date of Receipt 12 30 2013
Mailing Address 917 57TH PLACE			Transaction ID : SA11A1.7207
City WEST DES MOINES	State IA	Zip Code 50266	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00
Name of Employer PPM INC.		Occupation PROPERTY MANAGER	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 600.00			

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

14020123762

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) ELIZABETH T DOLL		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 77 PELICAN DRIVE		Transaction ID : SA11AI.7109
City COUNCIL BLUFFS	State IA	
Zip Code 51503		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) SCOTT DOLL		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 77 PELICAN COVE		Transaction ID : SA11AI.7112
City COUNCIL BLUFFS	State IA	
Zip Code 51501		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer ENTREPRENEUR	Occupation ENTREPRENEUR	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) RANDALL C EASTON		Date of Receipt MM / DD / YYYY 10 / 21 / 2013
Mailing Address 2915 INDIAN HILL RD SE		Transaction ID : SA11AI.5823
City CEDAR RAPIDS	State IA	
Zip Code 52403		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer EASTON ENTERPRISES LLC	Occupation PRESIDENT	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

14020123763

**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 123
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial) RANDALL C EASTON		Date of Receipt M M / D D / Y Y Y Y 12 31 2013
Mailing Address 2915 INDIAN HILL RD SE		Transaction ID : SA11AI.7420
City CEDAR RAPIDS State IA Zip Code 52403	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer EASTON ENTERPRISES LLC Occupation PRESIDENT	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
	Election Cycle-to-Date 350.00	

B. Full Name (Last, First, Middle Initial) JEFFREY C ELGIN		Date of Receipt M M / D D / Y Y Y Y 11 06 2013
Mailing Address 6940 BOWMAN LANE		Transaction ID : SA11AI.5981
City CEDAR RAPIDS State IA Zip Code 52402	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer RETIRED Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) JAMES FERRELL		Date of Receipt M M / D D / Y Y Y Y 10 28 2013
Mailing Address 10601 MISSION ROAD 350		Transaction ID : SA11AI.5847
City LEAWOOD State KS Zip Code 66206	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer FERRELLGAS Occupation CHAIRMAN	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

14020123764

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) JERRY E FINGER		Date of Receipt 12 / 16 / 2013
Mailing Address 520 POST OAK BLVD STE 750		Transaction ID : SA11AI.7034
City HOUSTON	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FINGER INTERESTS LTD	Occupation PARTNER	Amount of Each Receipt this Period 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) SAMUEL E FLEEGE		Date of Receipt 12 / 31 / 2013
Mailing Address 8928 QUAIL RIDGE CT		Transaction ID : SA11AI.7315
City DUBUQUE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RACOM	Occupation MANAGER	Amount of Each Receipt this Period 400.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) ANDREW J FLYNN		Date of Receipt 12 / 26 / 2013
Mailing Address 3611 CAULDER AVE		Transaction ID : SA11AI.7150
City DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer FLYNN WRIGHT	Occupation OWNER	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

14020123765

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

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

FOR LINE NUMBER: PAGE 25 OF 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

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

Mailing Address **3611 CAULDER AVE**

City **DES MOINES** State **IA** Zip Code **50321**

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

Name of Employer **FLYNN WRIGHT** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : **SA11AI.7226**
Amount of Each Receipt this Period **2600.00**

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

Mailing Address **2990 SE BELFRY DR**

City **WAUKEE** State **IA** Zip Code **50263**

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

Name of Employer **TELLIGEN** Occupation **PROJECT MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **12 / 30 / 2013**
Transaction ID : **SA11AI.7211**
Amount of Each Receipt this Period **100.00**

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

Mailing Address **935 S 12TH STREET**

City **ADEL** State **IA** Zip Code **50003**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 21 / 2013**
Transaction ID : **SA11AI.5799**
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional) **2950.00**

TOTAL This Period (last page this line number only)

14020123766

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

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

FOR LINE NUMBER: PAGE 26 OF 123

(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) T.R. GLEASON		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1405 NICOLLET PLACE		Transaction ID : SA11A1.7344
City BOONE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Election Cycle-to-Date 750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) RANDY L GODDARD		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1912 BLUEGRASS ROAD		Transaction ID : SA11A1.7491
City RED OAK	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AGRI SOLUTIONS	Occupation OWNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) KINGDON GOULD JR		Date of Receipt MM / DD / YYYY 10 / 15 / 2013
Mailing Address 7861 MURRAY HILL ROAD		Transaction ID : SA11A1.5606
City LAUREL	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer SELF-EMPLOYED	Occupation LAWYER	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020123767

**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 123
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial) C. BOYDEN GRAY		Date of Receipt MM / DD / YY 10 / 15 / 2013	
Mailing Address 1627 1ST ST., NW SUITE 950		Transaction ID : SA11AI.5599	
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer BOYDEN GRAY & ASSOCIATES Occupation FOUNDER AND ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

B. Full Name (Last, First, Middle Initial) C. BOYDEN GRAY		Date of Receipt MM / DD / YY 10 / 15 / 2013	
Mailing Address 1627 1ST ST., NW SUITE 950		Transaction ID : SA11AI.5600	
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer BOYDEN GRAY & ASSOCIATES Occupation FOUNDER AND ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

C. Full Name (Last, First, Middle Initial) DAVID GREENSPON		Date of Receipt MM / DD / YY 11 / 15 / 2013	
Mailing Address 5730 RED BUD WAY		Transaction ID : SA11AI.6273	
City WEST DES MOINES State IA Zip Code 50266	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C	Name of Employer COMPETITIVE EDGE, INC. Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	

14020123768

**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 123			
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) BILL GRIFFEL		Date of Receipt 12 / 16 / 2013
Mailing Address 6119 TERRACE DRIVE		Transaction ID : SA11AI.6977
City JOHNSTON	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 450.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) BILL GRIFFEL		Date of Receipt 12 / 28 / 2013
Mailing Address 6119 TERRACE DRIVE		Transaction ID : SA11AI.7192
City JOHNSTON	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 475.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00	

Full Name (Last, First, Middle Initial) SUE A HAGEDORN		Date of Receipt 12 / 16 / 2013
Mailing Address 1071 65TH STREET		Transaction ID : SA11AI.6994
City WEST DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer SCHAFFERS	Occupation OWNER	Amount of Each Receipt this Period 3400.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3400.00	

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

14020123769

**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 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) SUE A HAGEDORN			Date of Receipt MM/DD/YYYY 12/16/2013
Mailing Address 1071 65TH STREET			Transaction ID : SA11AI.7037
City WEST DES MOINES	State IA	Zip Code 50266	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00
Name of Employer SCHAFFERS		Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) SUE A HAGEDORN			Date of Receipt MM/DD/YYYY 12/27/2013
Mailing Address 1071 65TH STREET			Transaction ID : SA11AI.7191
City WEST DES MOINES	State IA	Zip Code 50266	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1700.00
Name of Employer SCHAFFERS		Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) THOMAS HARRINGTON			Date of Receipt MM/DD/YYYY 10/11/2013
Mailing Address 504 S. WILSON			Transaction ID : SA11AI.5579
City JEFFERSON	State IA	Zip Code 50129	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer TLH PROJECT MANGEMENT		Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

1402012370

**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 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) ETHELYN L HAWORTH		Date of Receipt 10 / 15 / 2013
Mailing Address 6702 KELLY CREEK DRIVE		Transaction ID : SA11AI.5610
City HOLLAND	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. <input type="checkbox"/>	Amount of Each Receipt this Period 1000.00	
Name of Employer TEENY TINY TOY STORE	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) RICHARD G HAWORTH		Date of Receipt 10 / 15 / 2013
Mailing Address 6702 KELLY CREEK DRIVE		Transaction ID : SA11AI.5608
City HOLLAND	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. <input type="checkbox"/>	Amount of Each Receipt this Period 1000.00	
Name of Employer HAWORTH, INC	Occupation CHAIRMAN EMIRITUS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) SANDY HEEREMA		Date of Receipt 12 / 31 / 2013
Mailing Address 111 SUNSET AVE		Transaction ID : SA11AI.7230
City PELLA	State IA	Zip Code 50219
FEC ID number of contributing federal political committee. <input type="checkbox"/>	Amount of Each Receipt this Period 2000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020123771

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
PETER C HEMKEN

Mailing Address **1512 S 45TH STREET**

City WEST DES MOINES	State IA	Zip Code 50265
--------------------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : **SA11A1.7232**

Amount of Each Receipt this Period
500.00

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

Mailing Address **753 55TH STREET**

City DES MOINES	State IA	Zip Code 50312
---------------------------	--------------------	--------------------------

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

Name of Employer CITY OF DES MOINES	Occupation CITY COUNCILWOMAN
---	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2013

Transaction ID : **SA11A1.6991**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES Vernon HICKS

Mailing Address **109 NORTH 3RD STREET**

City KNOXVILLE	State IA	Zip Code 50138
--------------------------	--------------------	--------------------------

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

Name of Employer JOHNSTON, HICKS, AND GRIFFITH	Occupation ATTORNEY
--	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2013

Transaction ID : **SA11A1.7016**

Amount of Each Receipt this Period
500.00

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

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

1250.00

14020123772

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 OF 123

(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A.

Full Name (Last, First, Middle Initial)
MAYNARD HOGBERG

Mailing Address **3711 VALLEY VIEW**

City **AMES** State **IA** Zip Code **50010**

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

Name of Employer **IOWA STATE UNIVERSITY** Occupation **PROFESSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11A1.7231**

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MONICA HUGHES

Mailing Address **25312 INGRUM AVE**

City **GLENWOOD** State **IA** Zip Code **51534**

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

Name of Employer **SELF-EMPLOYED** Occupation **BOOK KEEPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
11 / 06 / 2013

Transaction ID : **SA11A1.5886**

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
RONALD G HUHN

Mailing Address **21617 - 650TH AVE**

City **NEVADA** State **IA** Zip Code **50201**

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
1000.00

Date of Receipt
10 / 07 / 2013

Transaction ID : **SA11A1.5536**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2000.00**

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

14020123773

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 OF 123	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) MARY HUMES		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2711 EAGLE HEIGHTS CT		Transaction ID : SA11AI.7523
City BETTENDORF	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MARY HUMES		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2711 EAGLE HEIGHTS CT		Transaction ID : SA11AI.7524
City BETTENDORF	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) SCOTT O IVERS		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 9137 NW 73RD CIR		Transaction ID : SA11AI.7487
City JOHNSTON	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer WILD ROSE CASINO & RESORT	Occupation CHIEF FINANCIAL OFFICER	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

14020123774

**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 123		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) JAMES S JENNISON		Date of Receipt MM / DD / YYYY 10 / 07 / 2013
Mailing Address 410 N. MAIN STREET		Transaction ID : SA11AI.5552
City BURLINGTON	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SR&D INC	Occupation BUSINESS	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) SUSAN A JOHNSON		Date of Receipt MM / DD / YYYY 12 / 10 / 2013
Mailing Address 208 FAIRVIEW DR		Transaction ID : SA11AI.6880
City RED OAK	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	Election Cycle-to-Date 535.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) LINDA JUCKETTE		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address PO BOX 40		Transaction ID : SA11AI.7239
City CUMMING	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3035.00
TOTAL This Period (last page this line number only).....	

14020123775

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) BRUCE G KELLEY		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 14 GLENVIEW DRIVE		Transaction ID : SA11A1.7311
City DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EMC INSURANCE CO	Occupation INSURANCE EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DONNA E KEMERY		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 1275 COUNTY HIGHWAY J23		Transaction ID : SA11A1.7189
City CLEARFIELD	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MT. AYR COMMUNITY SCHOOLS	Occupation TEACHER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) MICHAEL W KEMERY		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 1275 COUNTY HIGHWAY J23		Transaction ID : SA11A1.7135
City CLEARFIELD	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer LONGFELLOW DRILLING	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020123776

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 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A.

Full Name (Last, First, Middle Initial)
WILLIAM C KIMBALL

Mailing Address **6725 AUGUSTINE CT**

City **JOHNSTON** State **IA** Zip Code **50131**

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
1000.00

Date of Receipt
12 / 10 / 2013

Transaction ID : **SA11AI.6841**

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
PERRY KLEIN

Mailing Address **931 45TH ST**

City **DES MOINES** State **IA** Zip Code **50312**

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

Name of Employer **MITTERA GROUP - CATCHFIRE MEDIA - COL** Occupation **VICE PRESIDENT BUSINESS DEVELOPMEN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
12 / 09 / 2013

Transaction ID : **SA11AI.6801**

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JOANNE L KOHN

Mailing Address **210 N HAZEL STREET**

City **GLENWOOD** State **IA** Zip Code **51534**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.7423**

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **1450.00**

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

1402012377

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

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

Mailing Address **2621 NW 17TH STREET**

City ANKENY	State IA	Zip Code 50021
-----------------------	--------------------	--------------------------

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

Name of Employer LAMBERTI, GOHE, & TAKEKALOA	Occupation ATTORNEY
--	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : SA11AI.7241

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2401 D. AVE**

City SHENANDOAH	State IA	Zip Code 51601
---------------------------	--------------------	--------------------------

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
MM / DD / YYYY
10 / 18 / 2013

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period
250.00

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

Mailing Address **PO BOX 68**

City LAKE MILLS	State IA	Zip Code 50450
---------------------------	--------------------	--------------------------

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

Name of Employer LARSON CONTRACTING	Occupation FOUNDER
---	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2013

Transaction ID : SA11AI.6144

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

1402012378

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 123	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) ELLEN LARSON		Date of Receipt 12 / 31 / 2013
Mailing Address 510 EAST LOCUST STREET SUITE 200		Transaction ID : SA11AI.7474
City DES MOINES	State IA	
Zip Code 50309		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) ROBERT J LATHAM		Date of Receipt 11 / 06 / 2013
Mailing Address 356 PARK TER SE		Transaction ID : SA11AI.5921
City CEDAR RAPIDS	State IA	
Zip Code 52403		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer LATHAM AND ASSOCIATES, INC	Occupation ECONOMIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ROBERT J LATHAM		Date of Receipt 12 / 31 / 2013
Mailing Address 356 PARK TER SE		Transaction ID : SA11AI.7343
City CEDAR RAPIDS	State IA	
Zip Code 52403		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer LATHAM AND ASSOCIATES, INC	Occupation ECONOMIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

1402012379

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

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

Mailing Address **10510 NW 75TH PLACE**

City GRIMES	State IA	Zip Code 50111
-----------------------	--------------------	--------------------------

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

Name of Employer CAPITAL ORTHOPAEDICS & SPORTS MEDIC	Occupation FOOT AND ANKLE SURGERY
--	---

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2013

Transaction ID : **SA11AI.6807**

Amount of Each Receipt this Period
2600.00

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

Mailing Address **10510 NW 75TH PLACE**

City GRIMES	State IA	Zip Code 50111
-----------------------	--------------------	--------------------------

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

Name of Employer CAPITAL ORTHOPAEDICS & SPORTS MEDIC	Occupation FOOT AND ANKLE SURGERY
--	---

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2013

Transaction ID : **SA11AI.7208**

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
CHARLES J LINK Jr

Mailing Address **14137 SOUTH SHORE DRIVE**

City CLIVE	State IA	Zip Code 50325
----------------------	--------------------	--------------------------

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

Name of Employer NEWLINK GENETICS	Occupation FOUNDER, CHIEF SCIENTIFIC OFFICER
---	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2013

Transaction ID : **SA11AI.5697**

Amount of Each Receipt this Period
250.00

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

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

5450.00

14020123780

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 123
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) FRANK A LOEFFEL		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 300 WALNUT STREET UNIT 39		Transaction ID : SA11AI.7110
City DES MOINES	State IA	Zip Code 50309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer IOWA SENATE	Occupation DOORMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) DON LONG		Date of Receipt MM / DD / YYYY 11 / 07 / 2013
Mailing Address 1510 WEST JACKSON ST		Transaction ID : SA11AI.5997
City KNOXVILLE	State IA	Zip Code 50138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) TERRY LUTZ		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 19796 WINSTON CIRCLE		Transaction ID : SA11AI.7237
City CLIVE	State IA	Zip Code 50325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MCCLURE ENGINEERING CO	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

14020123781

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT MALLOY

Mailing Address **PO BOX 128**

City **GOLDFIELD** State **IA** Zip Code **50542**

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

Name of Employer **MALLOY LAW FIRM** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
M M / D D / Y Y Y Y
12 16 2013

Transaction ID : **SA11A1.6989**

Amount of Each Receipt this Period
250.00

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

Mailing Address **9345 SANDLER CIRCLE**

City **URBANDALE** State **IA** Zip Code **50322**

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

Name of Employer **SANDLER HOLDINGS LLC** 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
11 13 2013

Transaction ID : **SA11A1.6124**

Amount of Each Receipt this Period
500.00

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

Mailing Address **1703 ROBERTSON DRIVE**

City **MARSHALLTOWN** State **IA** Zip Code **50158**

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 **250.00**

Date of Receipt
M M / D D / Y Y Y Y
12 31 2013

Transaction ID : **SA11A1.7397**

Amount of Each Receipt this Period
250.00

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

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

1000.00

14020123782

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

Use separate schedule(s) for each category of Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
SHARI MENON

Mailing Address **6204 PLEASANT RUN ROAD**

City COLLEYVILLE	State TX	Zip Code 76034
----------------------------	--------------------	--------------------------

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

Name of Employer UNITED CELLULAR INC	Occupation VICE 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
12 / 02 / 2013

Transaction ID : **SA11AI.6707**

Amount of Each Receipt this Period
500.00

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

Mailing Address **7100 KIMBALL AVE**

City WATERLOO	State IA	Zip Code 50701
-------------------------	--------------------	--------------------------

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 12 / 2013

Transaction ID : **SA11AI.6077**

Amount of Each Receipt this Period
250.00

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

Mailing Address **5235 WATERBURY ROAD**

City DES MOINES	State IA	Zip Code 50312
---------------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 09 / 2013

Transaction ID : **SA11AI.5568**

Amount of Each Receipt this Period
250.00

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

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

1000.00

14020123783

**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 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) JAMES MILLER		Date of Receipt MM / DD / YYYY 12 / 28 / 2013
Mailing Address 5235 WATERBURY ROAD		Transaction ID : SA11AI.7193
City DES MOINES	State IA	Zip Code 50312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) JOHN J MILLER		Date of Receipt MM / DD / YYYY 10 / 07 / 2013
Mailing Address 3312 RIDGETOP ROAD		Transaction ID : SA11AI.5530
City AMES	State IA	Zip Code 50014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SKARSHAUG TESTING	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) ROBERT J MYERS		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 4770 WINDSOR CIRCLE		Transaction ID : SA11AI.7123
City PLEASANT HILL	State IA	Zip Code 50327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CASEY'S GENERAL STORE	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

14020123784

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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A.

Full Name (Last, First, Middle Initial)
RAYMOND M NEFF

Mailing Address **902 W HIGHWAY 30**

City LISBON	State IA	Zip Code 52253
-----------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
12 / 15 / 2013

Transaction ID : **SA11AI.6949**

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL J NESBIT

Mailing Address **2849 FOREST DRIVE**

City DES MOINES	State IA	Zip Code 50312
---------------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
11 / 12 / 2013

Transaction ID : **SA11AI.6027**

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
DOUGLAS R OELSCHLAEGER

Mailing Address **2209 BLAKE BLVD SE**

City CEDAR RAPIDS	State IA	Zip Code 52403
-----------------------------	--------------------	--------------------------

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

Name of Employer GW PARENTS YOUTH ORGANIZATION INC	Occupation PRESIDENT
--	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
12 / 02 / 2013

Transaction ID : **SA11AI.6768**

Amount of Each Receipt this Period
1000.00

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

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

1250.00

14020123785

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 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

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

Mailing Address **40962 BROTHERS AVE**

City **HENDERSON** State **IA** Zip Code **51541**

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

Name of Employer **WESTERN IOWA MUTUAL INSURANCE** Occupation **COMPANY MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 31 / 2013**
Transaction ID : **SA11AI.5852**

Amount of Each Receipt this Period **500.00**

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

Mailing Address **40962 BROTHERS AVE**

City **HENDERSON** State **IA** Zip Code **51541**

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

Name of Employer **WESTERN IOWA MUTUAL INSURANCE** Occupation **COMPANY MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : **SA11AI.7309**

Amount of Each Receipt this Period **100.00**

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

Mailing Address **24706 JONES CIRCLE**

City **WATERLOO** State **NE** Zip Code **68069**

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

Name of Employer **GREEN PLAINS RENEWABLE ENERGY** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 10 / 2013**
Transaction ID : **SA11AI.6829**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **850.00**

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

14020123786

**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 123		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) CARL R PETERSON		Date of Receipt 12 / 31 / 2013
Mailing Address 3104 164TH AVE SE		Transaction ID : SA11A1.7520
City HARWOOD	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer PETERSON FARMS SEED	Occupation BUSINESS	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) CARL R PETERSON		Date of Receipt 12 / 31 / 2013
Mailing Address 3104 164TH AVE SE		Transaction ID : SA11A1.7521
City HARWOOD	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer PETERSON FARMS SEED	Occupation BUSINESS	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ERIC L PETERSON		Date of Receipt 12 / 26 / 2013
Mailing Address 12565 COUNTY HWY D41		Transaction ID : SA11A1.7129
City RADCLIFFE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SUMMIT FARMS, LLC	Occupation FARMER	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

14020123787

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) STANLEY J REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address: 300 WALNUT STREET SUITE 200		Transaction ID : SA11A1.7028
City DES MOINES	State IA	
Zip Code 50309	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer REYNOLD'S & REYNOLDS	Occupation CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ANN RICHARDS		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 5465 MILLS CIVIC OKWY STE 400		Transaction ID : SA11A1.7484
City WEST DES MOINES	State IA	
Zip Code 50266	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer RICHARDS CONSULTING GROUP LIMITED	Occupation DIRECTOR	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ANN RICHARDS		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 5465 MILLS CIVIC OKWY STE 400		Transaction ID : SA11A1.7485
City WEST DES MOINES	State IA	
Zip Code 50266	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer RICHARDS CONSULTING GROUP LIMITED	Occupation DIRECTOR	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

14020123788

**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 123	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A.

Full Name (Last, First, Middle Initial)
MARY ROBINETTE

Mailing Address **3251 170TH STREET**

City **VILLISCA** State **IA** Zip Code **50864**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : **SA11A1.7476**

Amount of Each Receipt this Period **2500.00**

B.

Full Name (Last, First, Middle Initial)
ROSE OF SHARON FLORAL AND GIFT

Mailing Address **3845 GILBERTVILLE RD**

City **WATERLOO** State **IA** Zip Code **50701**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **50.00**

Date of Receipt **12 / 02 / 2013**

Transaction ID : **SA11A1.6787**

Amount of Each Receipt this Period **50.00**

REFUNDED

C.

Full Name (Last, First, Middle Initial)
ELDON ROTH

Mailing Address **984 QUAIL HOLLOW CIR**

City **DAKOTA DUNES** State **SD** Zip Code **57049**

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

Name of Employer **BPI TECHNOLOGY** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **5200.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : **SA11A1.7291**

Amount of Each Receipt this Period **2600.00**

SUBTOTAL of Receipts This Page (optional)..... **5150.00**

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

14020123789

**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 123
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

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

Mailing Address **465 FOSTER DRIVE**

City DES MOINES	State IA	Zip Code 50312
---------------------------	--------------------	--------------------------

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

Name of Employer RUAN, INC.	Occupation BUSINESS EXECUTIVE
---------------------------------------	---

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2013

Transaction ID : **SA11AI.6996**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FRED R SACHER

Mailing Address **PO BOX 7448**

City CAPISTRANO BEACH	State CA	Zip Code 92624
---------------------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : **SA11AI.7229**

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
SHERYL Marie SAHR

Mailing Address **5191 WINDSOR COURT**

City PLEASANT HILL	State IA	Zip Code 50327
------------------------------	--------------------	--------------------------

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

Name of Employer THE IOWA CLINIC	Occupation SURGEON
--	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : **SA11AI.7466**

Amount of Each Receipt this Period
500.00

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

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

2500.00

14020123790

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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) LEE M SARGENT		Date of Receipt M M / D D / Y Y Y Y 11 20 2013	
Mailing Address 4300 TIMBER RIDGE ROAD		Transaction ID : SA11A1.6437	
City AMES	State IA	Zip Code 50014	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		<input checked="" type="checkbox"/>	
Name of Employer TODD & SARGENT, INC.	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) JOHN H SCHNATTER		Date of Receipt M M / D D / Y Y Y Y 10 15 2013	
Mailing Address 11411 PARK ROAD		Transaction ID : SA11A1.5604	
City LOUISVILLE	State KY	Zip Code 40226	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		<input checked="" type="checkbox"/>	
Name of Employer PAPA JOHN'S INT'L	Occupation FOUNDER, CEO, AND CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) BETTY JANE SHAW		Date of Receipt M M / D D / Y Y Y Y 10 18 2013	
Mailing Address 1606 MAPLE STREET		Transaction ID : SA11A1.5705	
City SHENANDOAH	State IA	Zip Code 51601	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		<input checked="" type="checkbox"/>	
Name of Employer EARL MAY SEED & NURSERY	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

14826123791

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

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

FOR LINE NUMBER:		PAGE 51 OF 123	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) WILLIAM R SHELDON		Date of Receipt M M / D D / Y Y Y Y 12 16 2013	
Mailing Address 2079 185TH AVE		Transaction ID : SA11A1.6969	
City PERCIVAL	State IA	Zip Code 51648	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) DAVID A SIECK		Date of Receipt M M / D D / Y Y Y Y 12 26 2013	
Mailing Address 1710 TIMBER LANE		Transaction ID : SA11A1.7115	
City GLENWOOD	State IA	Zip Code 51534	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) DOUGLAS A SIEDENBURG		Date of Receipt M M / D D / Y Y Y Y 12 31 2013	
Mailing Address 640 SE SOUTHFORK		Transaction ID : SA11A1.7408	
City WAUKEE	State IA	Zip Code 50263	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE SIEDENBURG GROUP	Occupation COMMERCIAL REAL ESTATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

14020123792

**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 123
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
HELEN SINCLAIR

Mailing Address **2208 560TH ST**

City **MELROSE** State **IA** Zip Code **52569**

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

Name of Employer **SELF EMPLOYED** Occupation **BOOKKEEPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : **SA11AI.7395**

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
DIANE G SMITH

Mailing Address **2200 BUTTS ROAD**

City **BOCA RATON** State **FL** Zip Code **33431**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 16 / 2013**

Transaction ID : **SA11AI.7055**

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
GORDON J SMITH

Mailing Address **3105 ASHWORTH RD**

City **WEST DES MOINES** State **IA** Zip Code **50265**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **11 / 20 / 2013**

Transaction ID : **SA11AI.6543**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**

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

14020123793

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 OF 123	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial) THOMAS W SMITH		Date of Receipt 12 / 16 / 2013
Mailing Address 2200 BUTTS ROAD SUITE 320		Transaction ID : SA11A1.7057
City BOCA RATON State FL Zip Code 33431	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer PRESCOTT INVESTORS INC Occupation INVESTOR	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00

B. Full Name (Last, First, Middle Initial) GAIL SPEED		Date of Receipt 10 / 12 / 2013
Mailing Address 11643 SEVILLE ROAD		Transaction ID : SA11A1.5594
City FISHERS State IN Zip Code 46037	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer RETIRED Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00

C. Full Name (Last, First, Middle Initial) GAIL SPEED		Date of Receipt 12 / 03 / 2013
Mailing Address 11643 SEVILLE ROAD		Transaction ID : SA11A1.6792
City FISHERS State IN Zip Code 46037	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer RETIRED Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00

SUBTOTAL of Receipts This Page (optional).....	1085.00
TOTAL This Period (last page this line number only).....	

14020123794

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 123	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
DONALD STANEK

Mailing Address **725 NW 67TH PLACE**

City **DES MOINES** State **IA** Zip Code **50313**

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

Name of Employer **MILLENNIUM TECHNOLOGY OF IOWA** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.7463**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2669 DOGWOOD AVE**

City **ADAIR** State **IA** Zip Code **50002**

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
10 / 21 / 2013

Transaction ID : **SA11AI.5779**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. J.P. STEIN

Mailing Address **2975 HWY 22**

City **MUSCATINE** State **IA** Zip Code **52761**

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

Name of Employer **SELF-EMPLOYED** Occupation **VETERINARIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.7235**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**

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

14020123795

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

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

FOR LINE NUMBER:		PAGE 55 OF 123	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) LISHENG STEVE HOU		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 2717 NE BRIARWOOD ST		Transaction ID : SA11AI.7399
City ANKENY	State IA	Zip Code 50021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IOWA STATE UNIVERSITY	Occupation PROFESSOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) RICHARD H STEWART		Date of Receipt MM / DD / YYYY 11 / 27 / 2013
Mailing Address 1974 VAN BUREN AVE		Transaction ID : SA11AI.6697
City MANSON	State IA	Zip Code 50563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DAVID G STILLEY		Date of Receipt MM / DD / YYYY 11 / 12 / 2013
Mailing Address 2 SUGAR CREEK LANE		Transaction ID : SA11AI.6065
City WAUKEE	State IA	Zip Code 50263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020123796

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 123	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial) MARY JOAN STREB		Date of Receipt MM / DD / YYYY 11 / 06 / 2013
Mailing Address 1700 COUNTRY CLUB DRIVE		Transaction ID : SA11A1.5979
City CORALVILLE	State IA	
Zip Code 52241	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) CHARLES E SUKUP		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 2418 VINE AVE		Transaction ID : SA11A1.7480
City DOUGHERTY	State IA	
Zip Code 50433	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) LINDA SUTTON		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 10505 NW 75TH PLACE		Transaction ID : SA11A1.7313
City GRIMES	State IA	
Zip Code 50111	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14020123797

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) LINDA SUTTON		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 10505 NW 75TH PLACE		Transaction ID : SA11AL7418
City GRIMES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) ROBERT W TAYLOR		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 495 77TH PLACE		Transaction ID : SA11AI.7415
City WEST DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BELLER DISTRIBUTING	Occupation SALES	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) JIM THEISEN		Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 2606 HACIENDA DRIVE		Transaction ID : SA11AL7119
City DUBUQUE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer THEISEN SUPPLY	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	5350.00
TOTAL This Period (last page this line number only).....	

14020123798

**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 123
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) ROBERT L THOMSON		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 401 SPRIGG		Transaction ID : SA11AI.7499
City CHARLES CITY	State IA	Zip Code 50616
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SUBWAY OFFICE	Occupation OWNER	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) RICHARD THORNTON		Date of Receipt MM / DD / YYYY 12 / 16 / 2013
Mailing Address 3667 GRAND AVE APT # 3		Transaction ID : SA11AI.7030
City DES MOINES	State IA	Zip Code 50312
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer ENTREPRENEUR	Occupation ENTREPRENEUR	Amount of Each Receipt this Period 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) CHRISTINE TORETTI		Date of Receipt MM / DD / YYYY 12 / 09 / 2013
Mailing Address 2428 OAK DRIVE		Transaction ID : SA11AI.6800
City INDIANA	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer THE JACK COMPANY	Occupation CEO	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

14020123799

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. NANCY TURNER			Date of Receipt MM / DD / YYYY 12 / 26 / 2013
Mailing Address 802 11TH STREET			Transaction ID : SA11A1.7174
City CORNING	State IA	Zip Code 50841	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer AB TURNER & SONS INC		Occupation SECRETARY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. LELAND VANDER LINDEN			Date of Receipt MM / DD / YYYY 11 / 13 / 2013
Mailing Address 300 WALNUT STREET UNIT 1903			Transaction ID : SA11A1.6204
City DES MOINES	State IA	Zip Code 50309	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. LELAND VANDER LINDEN			Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 300 WALNUT STREET UNIT 1903			Transaction ID : SA11A1.7308
City DES MOINES	State IA	Zip Code 50309	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

14020123800

**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 123	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) DENNIS J VAN GORP		Date of Receipt MM / DD / YYYY 11 / 06 / 2013
Mailing Address 1217 BIG ROCK ROAD		Transaction ID : SA11AI.5983
City PELLA	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VAN GORP INSURANCE LTD	Occupation INSURANCE AGENT	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) CURTIS Van VELDHUIZEN		Date of Receipt MM / DD / YYYY 12 / 16 / 2013
Mailing Address 1305 BURR OAKS DRIVE		Transaction ID : SA11AI.6993
City WEST DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HOLMES MURPHY & ASSOCIATES	Occupation SALES	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MARJORIE VENNERBERG		Date of Receipt MM / DD / YYYY 10 / 21 / 2013
Mailing Address 1108 CIRCLE DRIVE		Transaction ID : SA11AI.5787
City RED OAK	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

14020123801

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 123
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
MARJORIE VENNERBERG

Mailing Address **1108 CIRCLE DRIVE**

City **RED OAK** State **IA** Zip Code **51566**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y
12 27 2013

Transaction ID : **SA11AI.7190**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STANLEY J VERMEER

Mailing Address **2419 DAKOTA DRIVE**

City **PELLA** State **IA** Zip Code **50219**

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

Name of Employer **PELLA ENGINEERING AND RESEARCH** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y
12 16 2013

Transaction ID : **SA11AI.7053**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES R VON EHR

Mailing Address **3510 TREE TRUNK TRAIL**

City **RICHARDSON** State **TX** Zip Code **75082**

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

Name of Employer **ZYVEX LABS** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y
11 12 2013

Transaction ID : **SA11AI.6015**

Amount of Each Receipt this Period
500.00

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

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

1000.00

14020123802

**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 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full):
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) DENNIS WALKER		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1867 230TH ST		Transaction ID : SA11AI.7412
City RED OAK	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MICHELE D WALKER		Date of Receipt MM / DD / YYYY 11 / 20 / 2013
Mailing Address 1867 230TH STREET		Transaction ID : SA11AI.6417
City RED OAK	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JAMES W WHITE		Date of Receipt MM / DD / YYYY 11 / 06 / 2013
Mailing Address 295 SOUTHGATE DR		Transaction ID : SA11AI.5867
City DUBUQUE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

14020123803

**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 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. JAMES W WHITE		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 295 SOUTHGATE DR		Transaction ID : SA11AI.7233
City DUBUQUE	State IA	
Zip Code 52003-7156		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) B. R. SCOTT WHYTE		Date of Receipt MM / DD / YYYY 11 / 13 / 2013
Mailing Address P.O. BOX 394		Transaction ID : SA11AI.6142
City GOLDFIELD	State IA	
Zip Code 50542		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. MICHAEL J WISKIRCHEN		Date of Receipt MM / DD / YYYY 11 / 13 / 2013
Mailing Address 6226 WATERFORD CT		Transaction ID : SA11AI.6254
City JOHNSTON	State IA	
Zip Code 50131		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	154045.00

14020123804

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 123			
<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)
JONI ERNST FOR U.S. SENATE, INC.

A. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE

Mailing Address **701 8TH STREET, NW**
SUITE 500

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

FEC ID number of contributing federal political committee. **C00327189**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 23 / 2013

Transaction ID : **SA11C.7528**

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

14020123805

**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 65 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. ABM INDUSTRIES INCORPORATED		Date of Disbursement MM / DD / YYYY 10 / 14 / 2013
Mailing Address 551 FIFTH AVE SUITE 300		Amount of Each Disbursement this Period 27.00
City NEW YORK	State NY	
Zip Code 10176	Purpose of Disbursement PARKING SERVICES	Transaction ID : SB17.5400
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ABM INDUSTRIES INCORPORATED		Date of Disbursement MM / DD / YYYY 11 / 06 / 2013
Mailing Address 551 FIFTH AVE SUITE 300		Amount of Each Disbursement this Period 40.50
City NEW YORK	State NY	
Zip Code 10176	Purpose of Disbursement PARKING SERVICES	Transaction ID : SB17.5422
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 07 / 2013
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST		Amount of Each Disbursement this Period 2214.98
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Transaction ID : SB17.5208
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2214.98
TOTAL This Period (last page this line number only).....	

14020123806

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 16 / 2013
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST		Amount of Each Disbursement this Period 2461.88 Transaction ID : SB17.5209
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 15 / 2013
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST		Amount of Each Disbursement this Period 3393.12 Transaction ID : SB17.5210
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 16 / 2013
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST		Amount of Each Disbursement this Period 827.77 Transaction ID : SB17.5211
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6682.77
TOTAL This Period (last page this line number only)	

14020123807

**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 67 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS COMPANY		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.5345
City NEW YORK	State NY	
Purpose of Disbursement BANK FEES	Zip Code 10285	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS COMPANY		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.5346
City NEW YORK	State NY	
Purpose of Disbursement BANK FEES	Zip Code 10285	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS COMPANY		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.5347
City NEW YORK	State NY	
Purpose of Disbursement BANK FEES	Zip Code 10285	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123808

**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 68 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)
A. AMERICAN EXPRESS COMPANY

Mailing Address **200 VESEY ST**

City **NEW YORK** State **NY** Zip Code **10285**

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 19 / 2013

Amount of Each Disbursement this Period
9.95

Transaction ID : **SB17.5340**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMERICAN EXPRESS COMPANY

Mailing Address **200 VESEY ST**

City **NEW YORK** State **NY** Zip Code **10285**

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
10 / 14 / 2013

Amount of Each Disbursement this Period
9.95

Transaction ID : **SB17.5386**

[MEMO ITEM]

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

Mailing Address **THIRD STREET
SUITE 2B**

City **BATON ROUGE** State **LA** Zip Code **70801**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 15 / 2013

Amount of Each Disbursement this Period
65.00

Transaction ID : **SB17.5413**

[MEMO ITEM]

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

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

14020123809

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 11 / 15 / 2013
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 65.00
City BATON ROUGE	State LA	Zip Code 70801
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.5414
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. BIG TEN MART		Date of Disbursement MM / DD / YYYY 09 / 26 / 2013
Mailing Address 999 MIDDLE RD		Amount of Each Disbursement this Period 3.08
City BETTENDORF	State IA	Zip Code 52722
Purpose of Disbursement TRAVEL:FOOD		Transaction ID : SB17.5361
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. BIG TEN MART		Date of Disbursement MM / DD / YYYY 09 / 26 / 2013
Mailing Address 999 MIDDLE RD		Amount of Each Disbursement this Period 21.25
City BETTENDORF	State IA	Zip Code 52722
Purpose of Disbursement TRAVEL:FUEL		Transaction ID : SB17.5362
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123810

**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 70 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)
A. BRAVO CUCINA ITALIANA

Mailing Address **120 S JORDAN CREEK PKWY**

City **WEST DES MOINES** State **IA** Zip Code **50266**

Purpose of Disbursement
TRAVEL:FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 20 / 2013

Amount of Each Disbursement this Period
39.47

Transaction ID : **SB17.5418**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CACTUS BOB'S BBQ CORRAL

Mailing Address **5955 MERLE HAY ROAD**

City **JOHNSTON** State **IA** Zip Code **50131**

Purpose of Disbursement
TRAVEL:FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 23 / 2013

Amount of Each Disbursement this Period
30.89

Transaction ID : **SB17.5394**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CAPITOL HILL CLUB

Mailing Address **300 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 16 / 2013

Amount of Each Disbursement this Period
594.00

Transaction ID : **SB17.5213**

SUBTOTAL of Disbursements This Page (optional)..... **594.00**

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

14020123811

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. CENTURYLINK		Date of Disbursement M M / D D / Y Y Y Y 12 17 2013	
Mailing Address PO BOX 91154		Amount of Each Disbursement this Period 207.78 Transaction ID : SB17.5215	
City SEATTLE	State WA	Zip Code 96111	Category/ Type
Purpose of Disbursement MOBILE PHONE EXPENSE			
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. COLONY POINT GAS		Date of Disbursement M M / D D / Y Y Y Y 09 18 2013	
Mailing Address 333 E EVANS ST		Amount of Each Disbursement this Period 39.04 Transaction ID : SB17.5370 [MEMO ITEM]	
City WILLIAMSBURG	State IA	Zip Code 52361	Category/ Type
Purpose of Disbursement TRAVEL:FUEL			
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. CUBBY'S INC		Date of Disbursement M M / D D / Y Y Y Y 09 18 2013	
Mailing Address 2405 N BROADWAY ST		Amount of Each Disbursement this Period 29.86 Transaction ID : SB17.5372 [MEMO ITEM]	
City RED OAK	State IA	Zip Code 51566	Category/ Type
Purpose of Disbursement TRAVEL:FUEL			
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		207.78	
TOTAL This Period (last page this line number only).....			

14020123812

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES, INC.		Date of Disbursement MM / DD / YYYY 10 / 13 / 2013
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 343.80 Transaction ID : SB17.5388
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL: AIR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. DES MOINES INTERNATIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 09 / 25 / 2013
Mailing Address 5800 FLEUR DRIVE SUITE 207		Amount of Each Disbursement this Period 26.00 Transaction ID : SB17.5364
City DES MOINES	State IA	
Zip Code 50321	Purpose of Disbursement PARKING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JONI ERNST		Date of Disbursement MM / DD / YYYY 11 / 12 / 2013
Mailing Address 910 N 6TH ST		Amount of Each Disbursement this Period 1469.30 Transaction ID : SB17.5204
City RED OAK	State IA	
Zip Code 51566	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1469.30
TOTAL This Period (last page this line number only).....	

14020123813

**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 73 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. JONI ERNST		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 910 N 6TH ST		Amount of Each Disbursement this Period 3179.20 Transaction ID : SB17.5205
City RED OAK	State IA	
Zip Code 51566	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. EVENTBRITE		Date of Disbursement MM / DD / YYYY 10 / 18 / 2013
Mailing Address 651 BRANNAN ST STE 110		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5383 [MEMO ITEM]
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EVENTBRITE		Date of Disbursement MM / DD / YYYY 11 / 21 / 2013
Mailing Address 651 BRANNAN ST STE 110		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.5409 [MEMO ITEM]
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3179.20
TOTAL This Period (last page this line number only).....	

14020123814

**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 74 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 11.36 Transaction ID : SB17.5349
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 09 / 19 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 11.36 Transaction ID : SB17.5338
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 09 / 25 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 11.36 Transaction ID : SB17.5335
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123815

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2013

Amount of Each Disbursement this Period

51.80

Transaction ID : SB17.5334

[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)

Mailing Address 3875 AIRWAYS, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2013

Amount of Each Disbursement this Period

52.30

Transaction ID : SB17.5333

[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)

Mailing Address 3875 AIRWAYS, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2013

Amount of Each Disbursement this Period

24.52

Transaction ID : SB17.5332

[MEMO ITEM]

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

0.00

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

14020123816

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

10 / 05 / 2013

Amount of Each Disbursement this Period

50.60

Transaction ID : SB17.5329

[MEMO ITEM]

B. FEDEX

Mailing Address 3875 AIRWAYS, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

10 / 16 / 2013

Amount of Each Disbursement this Period

11.46

Transaction ID : SB17.5384

[MEMO ITEM]

C. FEDEX

Mailing Address 3875 AIRWAYS, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

10 / 31 / 2013

Amount of Each Disbursement this Period

15.82

Transaction ID : SB17.5381

[MEMO ITEM]

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

0.00

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

14020123817

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS, H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
11/06/2013

Amount of Each Disbursement this Period

15.91

Transaction ID : SB17.5375

[MEMO ITEM]

B. FEDEX

Mailing Address 3875 AIRWAYS, H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
11/13/2013

Amount of Each Disbursement this Period

11.41

Transaction ID : SB17.5415

[MEMO ITEM]

C. FEDEX

Mailing Address 3875 AIRWAYS, H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
11/13/2013

Amount of Each Disbursement this Period

10.60

Transaction ID : SB17.5421

[MEMO ITEM]

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

0.00

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

14020123818

**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 78 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 11 / 14 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 9.54 Transaction ID : SB17.5420
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 11 / 19 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 12.19 Transaction ID : SB17.5411
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 11 / 20 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 26.10 Transaction ID : SB17.5410
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

14020123819

**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 79 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM/DD/YYYY 11/26/2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 7.76 Transaction ID : SB17.5408
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement DELIVERY SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM/DD/YYYY 11/28/2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 36.16 Transaction ID : SB17.5407
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement DELIVERY SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM/DD/YYYY 12/03/2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 29.62 Transaction ID : SB17.5405
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement DELIVERY SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123820

**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 80 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 12 / 03 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 13.08 Transaction ID : SB17.5406
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 12 / 04 / 2013
Mailing Address 3875 AIRWAYS, H3		Amount of Each Disbursement this Period 180.41 Transaction ID : SB17.5416
City MEMPHIS	State TN	
Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FIRE CREEK		Date of Disbursement MM / DD / YYYY 10 / 04 / 2013
Mailing Address 800 S 50TH ST # 110		Amount of Each Disbursement this Period 30.87 Transaction ID : SB17.5357
City WEST DES MOINES	State IA	
Zip Code 50265	Purpose of Disbursement TRAVEL:FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123821

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FLS CONNECT		Date of Disbursement MM / DD / YYYY 09 / 12 / 2013
Mailing Address 7300 HUDSON BLVD. STE 270		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5348
City ST. PAUL	State MN	
Zip Code 55128		Category/ Type
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. FLS CONNECT		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013
Mailing Address 7300 HUDSON BLVD. STE 270		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5336
City ST. PAUL	State MN	
Zip Code 55128		Category/ Type
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. FLS CONNECT		Date of Disbursement MM / DD / YYYY 10 / 04 / 2013
Mailing Address 7300 HUDSON BLVD. STE 270		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5331
City ST. PAUL	State MN	
Zip Code 55128		Category/ Type
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123822

**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 82 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FLS CONNECT		Date of Disbursement MM / DD / YYYY 10 / 15 / 2013
Mailing Address 7300 HUDSON BLVD. STE 270		Amount of Each Disbursement this Period 177.43 Transaction ID : SB17.5385
City ST. PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FLS CONNECT, LLC		Date of Disbursement MM / DD / YYYY 10 / 16 / 2013
Mailing Address 7300 HUDSON BLVD. SUITE 270		Amount of Each Disbursement this Period 1856.50 Transaction ID : SB17.5222
City SAINT PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FLS CONNECT, LLC		Date of Disbursement MM / DD / YYYY 10 / 21 / 2013
Mailing Address 7300 HUDSON BLVD. SUITE 270		Amount of Each Disbursement this Period 3064.90 Transaction ID : SB17.5223
City SAINT PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4921.40
TOTAL This Period (last page this line number only).....	

14020123823

**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 83 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. FLS CONNECT, LLC		Date of Disbursement MM / DD / YYYY 11 / 12 / 2013	
Mailing Address 7300 HUDSON BLVD. SUITE 270		Amount of Each Disbursement this Period 7438.96 Transaction ID : SB17.5224	
City SAINT PAUL	State MN		Zip Code 55128
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FLS CONNECT, LLC		Date of Disbursement MM / DD / YYYY 11 / 21 / 2013	
Mailing Address 7300 HUDSON BLVD. SUITE 270		Amount of Each Disbursement this Period 2178.36 Transaction ID : SB17.5225	
City SAINT PAUL	State MN		Zip Code 55128
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HOLIDAY INN DOWNTOWN		Date of Disbursement MM / DD / YYYY 10 / 24 / 2013	
Mailing Address 1050 6TH AVE		Amount of Each Disbursement this Period 104.16 Transaction ID : SB17.5392 [MEMO ITEM]	
City DES MOINES	State IA		Zip Code 50314
Purpose of Disbursement TRAVEL:LODGING			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9617.32
TOTAL This Period (last page this line number only).....	

14020123824

**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 84 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. HOLLOWAY CONSULTING INC		Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td>16</td><td>/</td><td></td><td></td><td>/</td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10	16	/			/	2013			
M	M	/	D	D	/	Y	Y	Y	Y													
10	16	/			/	2013																
Mailing Address 1101 16TH STREET, NW SUITE 401		Amount of Each Disbursement this Period 16455.00 Transaction ID : SB17.5227																				
City WASHINGTON State DC Zip Code 20036																						
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																					
State: District:																						

Full Name (Last, First, Middle Initial) B. HOTEL MONACO ALEXANDRIA, A KIMPTON HOTEL		Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td>14</td><td>/</td><td></td><td></td><td>/</td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10	14	/			/	2013			
M	M	/	D	D	/	Y	Y	Y	Y													
10	14	/			/	2013																
Mailing Address 480 KING STREET		Amount of Each Disbursement this Period 22.86 Transaction ID : SB17.5402 [MEMO ITEM]																				
City ALEXANDRIA State VA Zip Code 22314																						
Purpose of Disbursement TRAVEL:FOOD	Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																					
State: District:																						

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>09</td><td>22</td><td>/</td><td></td><td></td><td>/</td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	09	22	/			/	2013			
M	M	/	D	D	/	Y	Y	Y	Y													
09	22	/			/	2013																
Mailing Address 10440 NORTH CENTRAL EXPY STE 400		Amount of Each Disbursement this Period 457.72 Transaction ID : SB17.5337 [MEMO ITEM]																				
City DALLAS State TX Zip Code 75231																						
Purpose of Disbursement TRAVEL:LODGING	Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																					
State: District:																						

SUBTOTAL of Disbursements This Page (optional)	16455.00
TOTAL This Period (last page this line number only)	

14020123825

**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 85 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 10 / 08 / 2013
Mailing Address 10440 NORTH CENTRAL EXPY STE 400		Amount of Each Disbursement this Period 173.09 Transaction ID : SB17.5389
City DALLAS State TX Zip Code 75231	Purpose of Disbursement TRAVEL:LODGING	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 11 / 01 / 2013
Mailing Address 10440 NORTH CENTRAL EXPY STE 400		Amount of Each Disbursement this Period 391.54 Transaction ID : SB17.5379
City DALLAS State TX Zip Code 75231	Purpose of Disbursement TRAVEL:LODGING	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 11 / 03 / 2013
Mailing Address 10440 NORTH CENTRAL EXPY STE 400		Amount of Each Disbursement this Period 391.52 Transaction ID : SB17.5376
City DALLAS State TX Zip Code 75231	Purpose of Disbursement TRAVEL:LODGING	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123826

**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 86 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. HY-VEE		Date of Disbursement MM / DD / YYYY 10 / 18 / 2013
Mailing Address 1745 MADISON AVE		Amount of Each Disbursement this Period 254.56 Transaction ID : SB17.5398
City COUNCIL BLUFFS	State IA	
Zip Code 51503	Purpose of Disbursement MEETING EXPENSE:MEALS	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 10 / 11 / 2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 293.51 Transaction ID : SB17.5309
City KINGWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL SERVICES/TAXES	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 10 / 11 / 2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.5310
City KINGWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL SERVICES/TAXES	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	368.51
TOTAL This Period (last page this line number only).....	

14020123827

**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 87 OF 123	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM/DD/YYYY 10/30/2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 152.63 Transaction ID : SB17.5312
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM/DD/YYYY 10/30/2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.5313
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM/DD/YYYY 11/14/2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 152.63 Transaction ID : SB17.5315
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	380.26
TOTAL This Period (last page this line number only).....	

14020123828

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

Date of Disbursement

MM/DD/YYYY
11/14/2013

City State Zip Code
KINGWOOD TX 77339

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
PAYROLL SERVICES/TAXES

Transaction ID : SB17.5316

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

Date of Disbursement

MM/DD/YYYY
11/30/2013

City State Zip Code
KINGWOOD TX 77339

Amount of Each Disbursement this Period

511.15

Purpose of Disbursement
PAYROLL SERVICES/TAXES

Transaction ID : SB17.5320

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

Date of Disbursement

MM/DD/YYYY
11/30/2013

City State Zip Code
KINGWOOD TX 77339

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
PAYROLL SERVICES/TAXES

Transaction ID : SB17.5321

Candidate Name

Category/
Type

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

State: District:

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

661.15

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

661.15

14020123829

**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 89 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 142.71 Transaction ID : SB17.5323
City KINGWOOD	State TX Zip Code 77339	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.5324
City KINGWOOD	State TX Zip Code 77339	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 296.90 Transaction ID : SB17.5327
City KINGWOOD	State TX Zip Code 77339	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	514.61
TOTAL This Period (last page this line number only).....	

14020123830

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 19001 CRESCENT SPRINGS DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.5328
City KINGWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INTERNET SOLVER, INC.		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 11303 AURORA AVE		Amount of Each Disbursement this Period 177.00 Transaction ID : SB17.5230
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement BROADBAND SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INTERNET SOLVER, INC.		Date of Disbursement MM / DD / YYYY 12 / 17 / 2013
Mailing Address 11303 AURORA AVE		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5231
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement BROADBAND SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	352.00
TOTAL This Period (last page this line number only)	

14020123831

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. IOWA FAITH AND FREEDOM COALITION		Date of Disbursement MM/DD/YYYY 12/11/2013
Mailing Address 939 OFFICE PARK RD SUITE 115		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.5233
City WEST DES MOINES	State IA Zip Code 50265	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JETHRO'S BBQ		Date of Disbursement MM/DD/YYYY 10/19/2013
Mailing Address 3100 FOREST AVE		Amount of Each Disbursement this Period 60.07 Transaction ID : SB17.5396 [MEMO ITEM]
City DES MOINES	State IA Zip Code 50311	
Purpose of Disbursement MEETING EXPENSE:MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JORDAN CREEK PREMIER I, LLC		Date of Disbursement MM/DD/YYYY 10/03/2013
Mailing Address 2540 73RD STREET		Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.5236
City URBANDALE	State IA Zip Code 50322	
Purpose of Disbursement RENT & UTILITIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1655.00
TOTAL This Period (last page this line number only).....	

14020123832

**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 92 OF 123			
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. JORDAN CREEK PREMIER I, LLC		Date of Disbursement MM / DD / YYYY 11 / 04 / 2013
Mailing Address 2540 73RD STREET		Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.5237
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement RENT & UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JORDAN CREEK PREMIER I, LLC		Date of Disbursement MM / DD / YYYY 11 / 27 / 2013
Mailing Address 2540 73RD STREET		Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.5238
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement RENT & UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JORDAN CREEK PREMIER I, LLC		Date of Disbursement MM / DD / YYYY 12 / 30 / 2013
Mailing Address 2540 73RD STREET		Amount of Each Disbursement this Period 1295.00 Transaction ID : SB17.5239
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement RENT & UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3885.00
TOTAL This Period (last page this line number only).....	

14020123833

**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 93 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. LINCOLN FARM & HOME SERVICE

Mailing Address 515 SHARP ST

Date of Disbursement

M M / D D / Y Y Y Y
09 30 2013

City GLENWOOD State IA Zip Code 51534

Amount of Each Disbursement this Period

24.45

Purpose of Disbursement
TRAVEL:FUEL

Transaction ID : SB17.5359

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. FALICIA MANDEL

Mailing Address P.O. BOX 93441

Date of Disbursement

M M / D D / Y Y Y Y
11 30 2013

City DES MOINES State IA Zip Code 50393

Amount of Each Disbursement this Period

3948.72

Purpose of Disbursement
PAYROLL

Transaction ID : SB17.5318

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. FALICIA MANDEL

Mailing Address P.O. BOX 93441

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2013

City DES MOINES State IA Zip Code 50393

Amount of Each Disbursement this Period

1666.67

Purpose of Disbursement
PAYROLL

Transaction ID : SB17.5325

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

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

5615.39

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

14020123834

**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 94 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b	<input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21			

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.,

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement MM / DD / YYYY 09 / 18 / 2013
Mailing Address 1404 DES MOINES STREET		Amount of Each Disbursement this Period 13.02 Transaction ID : SB17.5374
City DES MOINES	State IA	
Zip Code 50316	Purpose of Disbursement TRAVEL:FOOD	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. METROPOLITAN TRANSIT AUTHORITY		Date of Disbursement MM / DD / YYYY 09 / 22 / 2013
Mailing Address 1515 BLACK HAWK STREET		Amount of Each Disbursement this Period 27.30 Transaction ID : SB17.5368
City WATERLOO	State IA	
Zip Code 50702	Purpose of Disbursement TRAVEL:GROUND TRANSPORTATION	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MIDLAND STRATEGIES		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address PO BOX 670		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.5240
City BETTENDORF	State IA	
Zip Code 52722	Purpose of Disbursement STRATEGY CONSULTING	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

14020123835

**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 95 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. OFFICEMAX		Date of Disbursement M M / D D / Y Y Y Y 11 15 2013
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 127.18
City NAPERVILLE	State IL	
Zip Code 60563		Transaction ID : SB17.5419
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 03 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 4.50
City SAN FRANCISCO	State CA	
Zip Code 94105		Transaction ID : SB17.5241
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 03 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 124.80
City SAN FRANCISCO	State CA	
Zip Code 94105		Transaction ID : SB17.5242
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	129.30
TOTAL This Period (last page this line number only)	

14020123836

**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 96 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.5243
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 7.56 Transaction ID : SB17.5244
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 9.06 Transaction ID : SB17.5245
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	22.62
TOTAL This Period (last page this line number only).....	

14020123837

**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 97 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM/DD/YYYY 10/09/2013	
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 63.00 Transaction ID : SB17.5246	
City SAN FRANCISCO	State CA		Zip Code 94105
Purpose of Disbursement MERCHANT FEES	Candidate Name		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM/DD/YYYY 10/09/2013	
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 106.50 Transaction ID : SB17.5247	
City SAN FRANCISCO	State CA		Zip Code 94105
Purpose of Disbursement MERCHANT FEES	Candidate Name		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM/DD/YYYY 10/09/2013	
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 157.80 Transaction ID : SB17.5248	
City SAN FRANCISCO	State CA		Zip Code 94105
Purpose of Disbursement MERCHANT FEES	Candidate Name		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	327.30
TOTAL This Period (last page this line number only).....	

14020123838

**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 98 OF 123
<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 159.60 Transaction ID : SB17.5249
City: SAN FRANCISCO	State: CA Zip Code: 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 172.44 Transaction ID : SB17.5250
City: SAN FRANCISCO	State: CA Zip Code: 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 309.24 Transaction ID : SB17.5251
City: SAN FRANCISCO	State: CA Zip Code: 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	641.28
TOTAL This Period (last page this line number only).....	

14020123839

**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 99 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 550.50 Transaction ID : SB17.5252
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 622.08 Transaction ID : SB17.5253
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 0.60 Transaction ID : SB17.5254
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1173.18
TOTAL This Period (last page this line number only).....	

14020123840

**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 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 30 / 2013	
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 3.60	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.5255
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 30 / 2013	
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 4.20	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.5256
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 10 / 30 / 2013	
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 6.00	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.5257
Purpose of Disbursement MERCHANT FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	13.80
TOTAL This Period (last page this line number only).....	

14020123841

**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 101 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

A. PIRYX Full Name (Last, First, Middle Initial) Mailing Address 144 2ND ST 1ST FL City SAN FRANCISCO State CA Zip Code 94105 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 10 30 / 2013 Amount of Each Disbursement this Period 49.80 Transaction ID : SB17.5258 Category/ Type
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B. PIRYX Full Name (Last, First, Middle Initial) Mailing Address 144 2ND ST 1ST FL City SAN FRANCISCO State CA Zip Code 94105 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 10 30 / 2013 Amount of Each Disbursement this Period 54.60 Transaction ID : SB17.5259 Category/ Type
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C. PIRYX Full Name (Last, First, Middle Initial) Mailing Address 144 2ND ST 1ST FL City SAN FRANCISCO State CA Zip Code 94105 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 10 31 / 2013 Amount of Each Disbursement this Period 31.50 Transaction ID : SB17.5260 Category/ Type
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SUBTOTAL of Disbursements This Page (optional).....	135.90
TOTAL This Period (last page this line number only).....	

14020123842

**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 102 OF 123
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b	<input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 07 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 1.50 Transaction ID : SB17.5261
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 07 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 63.00 Transaction ID : SB17.5262
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 07 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.5263
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	280.50
TOTAL This Period (last page this line number only).....	

14020123843

**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 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM/DD/YYYY 11/13/2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 4.50 Transaction ID : SB17.5264
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM/DD/YYYY 11/13/2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.5265
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM/DD/YYYY 11/13/2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.5266
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	18.00
TOTAL This Period (last page this line number only).....	

14020123844

**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 104 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 8.10 Transaction ID : SB17.5267
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.5268
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.5269
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	42.90
TOTAL This Period (last page this line number only).....	

14020123845

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5270
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 58.50 Transaction ID : SB17.5271
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 96.00 Transaction ID : SB17.5272
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	184.50
TOTAL This Period (last page this line number only).....	

14020123846

**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 106 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 11 / 13 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 195.90 Transaction ID : SB17.5273
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94105	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 12 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 2.10 Transaction ID : SB17.5274
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94105	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 12 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 9.60 Transaction ID : SB17.5275
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94105	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	207.60
TOTAL This Period (last page this line number only).....	

14020123847

**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 107 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 17.10 Transaction ID : SB17.5276
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 58.00 Transaction ID : SB17.5277
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.5278
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	144.10
TOTAL This Period (last page this line number only).....	

14020123848

**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 108 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)
A. PIRYX

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2013

Mailing Address 144 2ND ST 1ST FL

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Amount of Each Disbursement this Period
4.80

Transaction ID : SB17.5279

Category/Type

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

Date of Disbursement
MM / DD / YYYY
12 / 13 / 2013

Mailing Address 144 2ND ST 1ST FL

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Amount of Each Disbursement this Period
7.50

Transaction ID : SB17.5280

Category/Type

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

Date of Disbursement
MM / DD / YYYY
12 / 18 / 2013

Mailing Address 144 2ND ST 1ST FL

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Amount of Each Disbursement this Period
1.50

Transaction ID : SB17.5281

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 13.80

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

14020123849

**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 109 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 144 2ND ST 1ST FL

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 18 2013

Amount of Each Disbursement this Period

483.00

Transaction ID : SB17.5282

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 144 2ND ST 1ST FL

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 20 2013

Amount of Each Disbursement this Period

13.56

Transaction ID : SB17.5283

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 144 2ND ST 1ST FL

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 20 2013

Amount of Each Disbursement this Period

15.60

Transaction ID : SB17.5284

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

512.16

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

14020123850

**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 110 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 108.30 Transaction ID : SB17.5285
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 27.30 Transaction ID : SB17.5286
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.5287
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	141.60
TOTAL This Period (last page this line number only).....	

14020123851

**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 111 OF 123	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM/DD/YYYY 12/30/2013
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 18.72 Transaction ID : SB17.5288
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. POLK COUNTY REPUBLICAN CENTRAL COMMITTEE		Date of Disbursement MM/DD/YYYY 12/06/2013
Mailing Address 1228 8TH STREET STE. 202		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.5290
City WEST DES MOINES	State IA	
Zip Code 50265	Purpose of Disbursement EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement MM/DD/YYYY 10/16/2013
Mailing Address 138 CONANT ST		Amount of Each Disbursement this Period 3002.40 Transaction ID : SB17.5291
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3346.12
TOTAL This Period (last page this line number only).....	

14020123852

**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 112 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement
Mailing Address 138 CONANT ST		MM / DD / YYYY 11 / 25 / 2013
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 6017.29
Candidate Name	Category/ Type	Transaction ID : SB17.5292
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES, INC.		Date of Disbursement
Mailing Address PO BOX 254		MM / DD / YYYY 10 / 16 / 2013
City DUBLIN	State NH	Zip Code 03444
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period 7620.04
Candidate Name	Category/ Type	Transaction ID : SB17.5294
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES, INC.		Date of Disbursement
Mailing Address PO BOX 254		MM / DD / YYYY 11 / 19 / 2013
City DUBLIN	State NH	Zip Code 03444
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period 13019.34
Candidate Name	Category/ Type	Transaction ID : SB17.5295
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26656.67
TOTAL This Period (last page this line number only).....	

14020123853

**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 113 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. SOMETHING ELSE STRATEGIES, LLC

Mailing Address 112 LANTERN RIDGE DR

City EASLEY State SC Zip Code 29642

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

12 / 06 / 2013

Amount of Each Disbursement this Period

1944.90

Transaction ID : SB17.5297

Category/
Type

Full Name (Last, First, Middle Initial)

B. SOMETHING ELSE STRATEGIES, LLC

Mailing Address 112 LANTERN RIDGE DR

City EASLEY State SC Zip Code 29642

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

12 / 17 / 2013

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5298

Category/
Type

Full Name (Last, First, Middle Initial)

C. STARBAR

Mailing Address 2811 INGERSOLL AVE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
TRAVEL:FOOD

Candidate Name

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

State: District:

Date of Disbursement

09 / 23 / 2013

Amount of Each Disbursement this Period

32.26

Transaction ID : SB17.5366

[MEMO ITEM]

Category/
Type

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

4944.90

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

14020123854

**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 114 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 10 / 16 / 2013
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400		Amount of Each Disbursement this Period 6170.00 Transaction ID : SB17.5299
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 10 / 21 / 2013
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400		Amount of Each Disbursement this Period 2825.00 Transaction ID : SB17.5300
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 11 / 25 / 2013
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400		Amount of Each Disbursement this Period 7587.55 Transaction ID : SB17.5301
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16582.55
TOTAL This Period (last page this line number only).....	

14020123855

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

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. THE BLUE STRAWBERRY COFFEE COMPANY		Date of Disbursement MM / DD / YYYY 10 / 07 / 2013
Mailing Address 118 2ND STREET SUITE 100		Amount of Each Disbursement this Period 53.46 Transaction ID : SB17.5404
City CEDAR RAPIDS State IA Zip Code 52401	Purpose of Disbursement MEETING EXPENSE:MEALS Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. THE JACKSON-ALVAREZ GROUP		Date of Disbursement MM / DD / YYYY 11 / 19 / 2013
Mailing Address 7777 LEESBURG PIKE SUITE 470N		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5303
City FALLS CHURCH State VA Zip Code 22043	Purpose of Disbursement RESEARCH CONSULTING Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) C. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 10 / 11 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 3173.08 Transaction ID : SB17.5307
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....	6173.08
TOTAL This Period (last page this line number only).....	

14020123856

**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 116 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 10 / 30 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.5311
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 11 / 14 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.5314
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 11 / 30 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.5319
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4950.00
TOTAL This Period (last page this line number only).....	

14020123857

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 12 / 12 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.5322
City WEST DES MOINES State IA Zip Code 50266	Category/Type	
Purpose of Disbursement PAYROLL	Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) B. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 12 / 17 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 1277.99 Transaction ID : SB17.5207
City WEST DES MOINES State IA Zip Code 50266	Category/Type	
Purpose of Disbursement TRAVEL	Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) C. SARAH TIPPIT		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 225 PRAIRIE VIEW DRIVE APT 8327		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.5326
City WEST DES MOINES State IA Zip Code 50266	Category/Type	
Purpose of Disbursement PAYROLL	Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

SUBTOTAL of Disbursements This Page (optional).....	4577.99
TOTAL This Period (last page this line number only).....	

14020123858

**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 118 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. TRAVELOCITY		Date of Disbursement MM / DD / YYYY 11 / 03 / 2013
Mailing Address 3150 SABRE DRIVE		Amount of Each Disbursement this Period 220.80
City SOUTHLAKE	State TX	
Zip Code 76092	Purpose of Disbursement TRAVEL:LODGING	Transaction ID : SB17.5378
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. TSP EAN TRAVEL US		Date of Disbursement MM / DD / YYYY 10 / 06 / 2013
Mailing Address 333 108TH AVE NE SUITE 300		Amount of Each Disbursement this Period 130.41
City BELLEVUE	State WA	
Zip Code 98004	Purpose of Disbursement TRAVEL:LODGING	Transaction ID : SB17.5355
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIR LINES		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address 1600 SMITH ST		Amount of Each Disbursement this Period 24.00
City HOUSTON	State TX	
Zip Code 77002	Purpose of Disbursement TRAVEL:AIR	Transaction ID : SB17.5342
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020123859

**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 119 OF 123

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIR LINES

Mailing Address 1600 SMITH ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 17 / 2013

Amount of Each Disbursement this Period

28.00

Transaction ID : SB17.5343

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIR LINES

Mailing Address 1600 SMITH ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 17 / 2013

Amount of Each Disbursement this Period

230.80

Transaction ID : SB17.5344

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2013

Amount of Each Disbursement this Period

151.90

Transaction ID : SB17.5351

[MEMO ITEM]

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

0.00

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

14020123860

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 151.90
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL: AIR	Transaction ID : SB17.5352
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 151.90
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL: AIR	Transaction ID : SB17.5353
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 10 / 08 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 294.40
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL: AIR	Transaction ID : SB17.5390
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

0.00

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

14020123861

**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 121 OF 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 11 / 01 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 294.40
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL: AIR	Transaction ID : SB17.5380
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VENABLE LLP		Date of Disbursement MM / DD / YYYY 10 / 16 / 2013
Mailing Address PO BOX 62727		Amount of Each Disbursement this Period 1000.00
City BALTIMORE	State MD	
Zip Code 21264	Purpose of Disbursement LEGAL CONSULTING	Transaction ID : SB17.5304
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VENABLE LLP		Date of Disbursement MM / DD / YYYY 10 / 21 / 2013
Mailing Address PO BOX 62727		Amount of Each Disbursement this Period 1037.29
City BALTIMORE	State MD	
Zip Code 21264	Purpose of Disbursement LEGAL CONSULTING	Transaction ID : SB17.5305
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2037.29
TOTAL This Period (last page this line number only).....	

14020123862

**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 122 OF 123	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. VENABLE LLP		Date of Disbursement MM / DD / YYYY 11 / 25 / 2013
Mailing Address PO BOX 62727		Amount of Each Disbursement this Period 1006.57 Transaction ID : SB17.5306
City BALTIMORE	State MD	
Zip Code 21264	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement MM / DD / YYYY 11 / 12 / 2013
Mailing Address 95 HAYDEN AVENUE		Amount of Each Disbursement this Period 33.75 Transaction ID : SB17.5423 [MEMO ITEM]
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	1006.57
TOTAL This Period (last page this line number only).....	137037.38

14020123863

**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 123

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

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NAME OF COMMITTEE (In Full)
JONI ERNST FOR U.S. SENATE, INC.

Full Name (Last, First, Middle Initial) A. ROSE OF SHARON FLORAL AND GIFT		Date of Disbursement MM / DD / YYYY 12 / 19 / 2013
Mailing Address 3845 GILBERTVILLE RD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB20A.5425
City WATERLOO	State IA	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
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) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	50.00

14020123864

United States Senate
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United States Senate
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INSPECTION



1/31/2014

From: (617) 848-8887
Joni Ernst for US Senate
c/o Red Curve Solutions
138 Conant Street
First Floor
Beverly, MA 01915

Origin ID: MXGA



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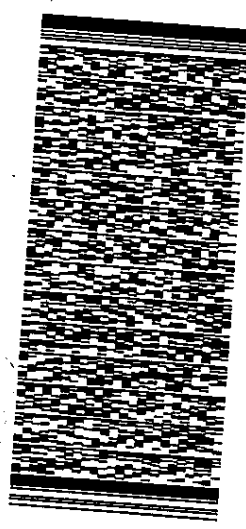
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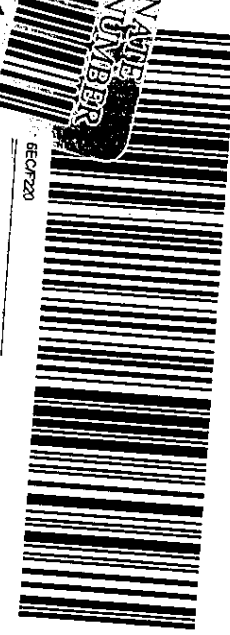
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JANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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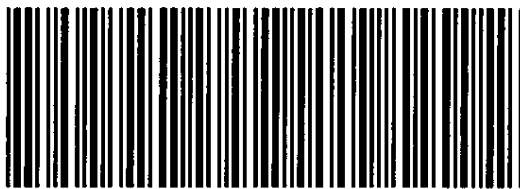
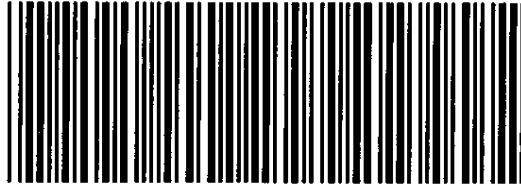
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PREPARER **DH** DATE PREPARED **2-5-14**

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