

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**Rob Zerban for Congress 2014**

ADDRESS (number and street) PO BOX 2286  
 Check if different than previously reported. (ACC) Kenosha WI 53141

2. **FEC IDENTIFICATION NUMBER** C C00551416 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
WI 01

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2015 through 03 / 31 / 2015

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 Randy Bryce  
Signature of Treasurer Randy Bryce *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 01 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Rob Zerban for Congress 2014**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	45.00	13337.98
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2105.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	45.00	11232.98
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19199.10	681292.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	241.00	660.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18958.10	680632.41
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	42010.99	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Rob Zerban for Congress 2014**

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

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).....	25.00	1002.66
(ii) Unitemized.....	20.00	3225.32
(iii) TOTAL of contributions from individuals ▶	45.00	4227.98
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9110.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	45.00	13337.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	6000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	20000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	241.00	660.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	23.91	1807.75
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	309.91	41805.73

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19199.10	681292.41
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	20000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	20000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2105.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2105.00
21. OTHER DISBURSEMENTS .....	0.00	3419.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19199.10	706816.41

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	60900.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	309.91
25. SUBTOTAL (add Line 23 and Line 24).....	61210.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19199.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42010.99

**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 15			
	<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)  
**Rob Zerban for Congress 2014**

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

Mailing Address 250 E 40th St  
Apt 6F

City New York State NY Zip Code 10016-1722

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

Name of Employer Nyu Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2015

**Transaction ID : VR9S1GQXCE2**

Amount of Each Receipt this Period  
25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

25.00

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rob Zerban for Congress 2014**

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

Mailing Address PO Box 660317

City Dallas State TX Zip Code 75266-0317

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : VR9S1GSH2X8**

Amount of Each Receipt this Period  
241.00

Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

241.00

241.00

**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 7 OF 15			
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. Acuity Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 2800 S Taylor Dr		Amount of Each Disbursement this Period 351.00 <b>Transaction ID : VR8SS9HBPK3</b>
City Sheboygan	State WI	
Purpose of Disbursement insurance		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 504 Clinton Center Dr Ste 4400		Amount of Each Disbursement this Period 55.77 <b>Transaction ID : VR8SS9HBNT6</b>
City Clinton	State MS	
Purpose of Disbursement payroll expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 504 Clinton Center Dr Ste 4400		Amount of Each Disbursement this Period 94.70 <b>Transaction ID : VR8SS9HBNW2</b>
City Clinton	State MS	
Purpose of Disbursement payroll expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO Box 81226			Amount of Each Disbursement this Period 4.21
City Seattle	State WA	Zip Code 98108-1300	
Purpose of Disbursement Office Equipment	Candidate Name		<b>Transaction ID : VR8SS9HBNX9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address PO Box 81226			Amount of Each Disbursement this Period 47.45
City Seattle	State WA	Zip Code 98108-1300	
Purpose of Disbursement Office Equipment	Candidate Name		<b>Transaction ID : VR8SS9HBPA2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address PO Box 5080			Amount of Each Disbursement this Period 233.78
City Carol Stream	State IL	Zip Code 60197-5080	
Purpose of Disbursement Phone Service	Candidate Name		<b>Transaction ID : VR8SS9HBP29</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	285.44
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address PO Box 5080		Amount of Each Disbursement this Period 217.04 <b>Transaction ID : VR8SS9HBP37</b>
City Carol Stream	State IL	
Zip Code 60197-5080	Purpose of Disbursement Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address PO Box 5080		Amount of Each Disbursement this Period 171.85 <b>Transaction ID : VR8SS9HBP61</b>
City Carol Stream	State IL	
Zip Code 60197-5080	Purpose of Disbursement Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address PO Box 5080		Amount of Each Disbursement this Period 171.85 <b>Transaction ID : VR8SS9HBP78</b>
City Carol Stream	State IL	
Zip Code 60197-5080	Purpose of Disbursement Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	560.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15			
	<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)  
**Rob Zerban for Congress 2014**

**A. Bankcard Associates**

Full Name (Last, First, Middle Initial)  
Mailing Address 15600 Wayzata Blvd Ste 309

City Wayzata State MN Zip Code 55391-1447

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 2.00

Transaction ID : VR8SS9HBNV4

Category/Type: 001

**B. Barengo's Heating**

Full Name (Last, First, Middle Initial)  
Mailing Address 4906 24th Ave

City Kenosha State WI Zip Code 53140-5967

Purpose of Disbursement Equipment repair

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 23 / 2015

Amount of Each Disbursement this Period: 174.07

Transaction ID : VR8SS9HBN02

Category/Type: 001

**c. Complete Property Care**

Full Name (Last, First, Middle Initial)  
Mailing Address 5711 8th Ave

City Kenosha State WI Zip Code 53140-4002

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 01 / 2015

Amount of Each Disbursement this Period: 4000.00

Transaction ID : VR8SS9HBPP7

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 4176.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. Complete Property Care</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 4000.00
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name		Transaction ID : VR8SS9HBQP5
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) <b>B. Complete Property Care</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 4000.00
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name		Transaction ID : VR8SS9HBPR3
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) <b>c. Erie Insurance Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 100 Erie Insurance Pl		Amount of Each Disbursement this Period 914.00
City Erie State PA Zip Code 16530-0001	Purpose of Disbursement insurance 001 Category/Type	
Candidate Name		Transaction ID : VR8SS9HBP45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8914.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 14455 N Hayden Rd		Amount of Each Disbursement this Period 86.39 <b>Transaction ID : VR8SS9HBP03</b>
City Scottsdale	State AZ	
Zip Code 85260-6947	Purpose of Disbursement website hosting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 14455 N Hayden Rd		Amount of Each Disbursement this Period 319.84 <b>Transaction ID : VR8SS9HBPJ5</b>
City Scottsdale	State AZ	
Zip Code 85260-6947	Purpose of Disbursement website hosting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 14455 N Hayden Rd		Amount of Each Disbursement this Period 643.84 <b>Transaction ID : VR8SS9HBPJ7</b>
City Scottsdale	State AZ	
Zip Code 85260-6947	Purpose of Disbursement website hosting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 15	
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 45.00
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Internet services for e-mail	<b>Transaction ID : VR8SS9HBNS8</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 28.86
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Internet services for e-mail	<b>Transaction ID : VR8SS9HBNZ5</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 25.00
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Internet services for e-mail	<b>Transaction ID : VR8SS9HBP94</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15			
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>			Date of Disbursement MM / DD / YYYY 01 / 23 / 2015		
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 2400.00		
City Washington	State DC	Zip Code 20005-5006	Transaction ID : VR8SS9HBMZ4		
Purpose of Disbursement Data Services		Category/Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2015		
Mailing Address 6820 Green Bay Rd			Amount of Each Disbursement this Period 141.35		
City Kenosha	State WI	Zip Code 53142-1426	Transaction ID : VR8SS9HBNY7		
Purpose of Disbursement Office Equipment		Category/Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. We Energies</b>			Date of Disbursement MM / DD / YYYY 02 / 12 / 2015		
Mailing Address 201 1st St			Amount of Each Disbursement this Period 277.63		
City Racine	State WI	Zip Code 53403-9618	Transaction ID : VR8SS9HBP11		
Purpose of Disbursement Energy bill		Category/Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2818.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 15	
	<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)  
**Rob Zerban for Congress 2014**

Full Name (Last, First, Middle Initial) <b>A. We Energies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 201 1st St		Amount of Each Disbursement this Period 305.72
City Racine	State WI	
Zip Code 53403-9618	Purpose of Disbursement Energy bill	<b>Transaction ID : VR8SS9HBP86</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. We Energies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 201 1st St		Amount of Each Disbursement this Period 275.61
City Racine	State WI	
Zip Code 53403-9618	Purpose of Disbursement Utilities	<b>Transaction ID : VR8SS9HBPS1</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	581.33
<b>TOTAL</b> This Period (last page this line number only).....	18986.96