



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WIN MINNESOTA FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="286684.42"/>	<input type="text" value="286684.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="708914.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="348962.03"/>	<input type="text" value="938762.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1057876.84"/>	<input type="text" value="1225446.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="198113.95"/>	<input type="text" value="365683.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="859762.89"/>	<input type="text" value="859762.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**WIN MINNESOTA FEDERAL PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	348900.00	783700.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	348900.00	783700.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	155000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	348900.00	938700.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	62.03	62.03
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	348962.03	938762.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	348962.03	938762.03

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	98113.95	245683.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	98113.95	245683.56
22. Transfers to Affiliated/Other Party Committees.....	50000.00	70000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	198113.95	365683.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	198113.95	365683.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	348900.00	938700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	348900.00	938700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	98113.95	245683.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	62.03	62.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	98051.92	245621.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**WIN MINNESOTA FEDERAL PAC**

**A. Jeffrey Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 366 Jackson Street  
City St. Paul State MN Zip Code 55101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Anderson & Associates Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **09 / 19 / 2014**  
**Transaction ID : SA11AI.4746**  
Amount of Each Receipt this Period **5000.00**

**B. ACTBLUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 441146  
City SOMERVILLE State MA Zip Code 02144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **148500.00**

Date of Receipt **09 / 21 / 2014**  
**Transaction ID : SA11AI.4746.0**  
Amount of Each Receipt this Period **5000.00**  
Note: above contribution earmarked through this organization  
**[MEMO ITEM]**

**C. Michael Cartwright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1070 Vaughn Crest Drive  
City Franklin State TN Zip Code 37069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Addiction Centers Occupation Chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : SA11AI.4646**  
Amount of Each Receipt this Period **5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **10000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Receipt
Mailing Address P.O. BOX 441146		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
SOMERVILLE	MA	02144
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="110500.00"/>	
		Transaction ID : SA11AI.4646.0
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
		Note: above contribution earmarked through this organization
		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Kelly Doran</b>		Date of Receipt
Mailing Address 5117 Blossom Court		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Edina	MN	55101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Doran Companies	Chief Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="5000.00"/>	
		Transaction ID : SA11AI.4745
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Receipt
Mailing Address P.O. BOX 441146		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
SOMERVILLE	MA	02144
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="143500.00"/>	
		Transaction ID : SA11AI.4745.0
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
		Note: above contribution earmarked through this organization
		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address 41 Sherburn Avenue

City Saint Paul State MN Zip Code 55103

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.4673**

Amount of Each Receipt this Period  
50000.00

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

Mailing Address 6538 Collins Street  
513

City Miami Beach State FL Zip Code 33141

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

Name of Employer Occupation  
Self Employed Adventure Capitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.4741**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
122500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2014

**Transaction ID : SA11AI.4741.0**

Amount of Each Receipt this Period  
5000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

**A. Ted Gavin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3188 Laughead Lane  
City Garnet Valley State PA Zip Code 19060  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gavin Corporation Occupation Professional  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **10000.00**

Date of Receipt **09 / 17 / 2014**  
**Transaction ID : SA11AI.4754**  
Amount of Each Receipt this Period **10000.00**

**B. ACTBLUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 441146  
City SOMERVILLE State MA Zip Code 02144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **138500.00**

Date of Receipt **09 / 21 / 2014**  
**Transaction ID : SA11AI.4754.0**  
Amount of Each Receipt this Period **10000.00**  
Note: above contribution earmarked through this organization  
**[MEMO ITEM]**

**C. Carol Goldberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Compass Rd  
City Fort Lauderdale State FL Zip Code 33308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Artist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **12500.00**

Date of Receipt **08 / 05 / 2014**  
**Transaction ID : SA11AI.4659**  
Amount of Each Receipt this Period **12500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **22500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. Henry Goldberg</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2014 <b>Transaction ID : SA11AI.4660</b>
Mailing Address 30 Compass Rd		Amount of Each Receipt this Period 12500.00
City Fort Lauderdale	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C	Name of Employer Atery Group, LLC	Occupation Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500.00	

Full Name (Last, First, Middle Initial) <b>B. Joe Green</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2014 <b>Transaction ID : SA11AI.4670</b>
Mailing Address 4631 Bruce Ave		Amount of Each Receipt this Period 1000.00
City Edina	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C	Name of Employer TCF	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Roger Hale</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : SA11AI.4743</b>
Mailing Address 117 Portland Ave		Amount of Each Receipt this Period 5000.00
City Minneapolis	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. C	Name of Employer N/A	Occupation Not Employed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 47  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address P.O. BOX 441146

City State Zip Code  
SOMERVILLE MA 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
128500.00

Date of Receipt  
09 / 14 / 2014  
**Transaction ID : SA11AI.4743.0**

Amount of Each Receipt this Period  
5000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

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

Mailing Address 13904 Crowne Hill Ln

City State Zip Code  
Minnetonka MN 55305

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

Name of Employer Occupation  
RKMC Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 09 / 2014  
**Transaction ID : SA11AI.4671**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2117 Upper Saint Dennis Rd

City State Zip Code  
St. Paul MN 55116

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
09 / 22 / 2014  
**Transaction ID : SA11AI.4674**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address 2730 Woolsey Lane

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Occupation  
Heins, Mills and Olson Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : SA11AI.4656**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address PO Box 1510

City State Zip Code  
New York NY 10150

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

Name of Employer Occupation  
N/A Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11AI.4658**

Amount of Each Receipt this Period  
5200.00

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

Mailing Address PO Box 1510

City State Zip Code  
New York NY 10150

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

Name of Employer Occupation  
Self-Employed Talk Show Host

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11AI.4657**

Amount of Each Receipt this Period  
5200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address 1888 Century Park E  
900

City Los Angeles State CA Zip Code 90067

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

Name of Employer Fuzzy Door Productions Occupation Actor, Writer, Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : SA11AI.4749**

Amount of Each Receipt this Period  
25000.00

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

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
181000.00

Date of Receipt  
09 / 28 / 2014  
**Transaction ID : SA11AI.4749.0**

Amount of Each Receipt this Period  
25000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

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

Mailing Address 7250 Franklin Avenue  
Apt 1009

City Los Angeles State CA Zip Code 90046

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

Name of Employer Self-Employed Occupation Writer/Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
09 / 24 / 2014  
**Transaction ID : SA11AI.4747**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address P.O. BOX 441146

City State Zip Code  
SOMERVILLE MA 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
153500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2014  
**Transaction ID : SA11AI.4747.0**

Amount of Each Receipt this Period  
5000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

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

Mailing Address PO Box 4277

City State Zip Code  
Saint Paul MN 55104

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

Name of Employer Occupation  
Self-Employed Community Volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11AI.4675**

Amount of Each Receipt this Period  
50000.00

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

Mailing Address 14 Edgehill Road

City State Zip Code  
Little Rock AR 72207

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

Name of Employer Occupation  
Self Employed Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2014  
**Transaction ID : SA11AI.4739**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Receipt
Mailing Address P.O. BOX 441146		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
SOMERVILLE	MA	02144
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="117500.00"/>	
		Transaction ID : SA11AI.4739.0
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
		Note: above contribution earmarked through this organization
		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. James Pederson</b>		Date of Receipt
Mailing Address 2400 N Central Ave		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pederson Group, Inc.	Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.4641
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Receipt
Mailing Address P.O. BOX 441146		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
SOMERVILLE	MA	02144
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="111500.00"/>	
		Transaction ID : SA11AI.4641.0
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
		Note: above contribution earmarked through this organization
		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)  
**A. SEIU Minnesota State Council**

Mailing Address 2233 University Ave W

City State Zip Code  
St. Paul MN 55114

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35000.00

Date of Receipt  
08 / 22 / 2014  
**Transaction ID : SA11AI.4669**

Amount of Each Receipt this Period  
35000.00

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

Mailing Address 2330 Sioux Trl NW

City State Zip Code  
Prior Lake MN 55372

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
09 / 22 / 2014  
**Transaction ID : SA11AI.4776**

Amount of Each Receipt this Period  
25000.00

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

Mailing Address 888 7th Ave

City State Zip Code  
New York NY 10106

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

Name of Employer Occupation  
Soros Funds Management LLC Business Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35000.00

Date of Receipt  
07 / 07 / 2014  
**Transaction ID : SA11AI.4661**

Amount of Each Receipt this Period  
35000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address 5000 France Ave  
#38

City Edina State MN Zip Code 55410

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : SA11AI.4748**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
156000.00

Date of Receipt  
09 / 28 / 2014  
**Transaction ID : SA11AI.4748.0**

Amount of Each Receipt this Period  
2500.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

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

Mailing Address 13510 White Oak Landing Blvd.

City Houston State TX Zip Code 77065

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

Name of Employer Accountemps Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
07 / 28 / 2014  
**Transaction ID : SA11AI.4644**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address P.O. BOX 441146

City State Zip Code  
SOMERVILLE MA 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
112500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	4

**Transaction ID : SA11AI.4644.0**

Amount of Each Receipt this Period  
1000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

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

Mailing Address 13510 White Oak Landing Blvd.

City State Zip Code  
Houston TX 77065

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

Name of Employer Occupation  
Accountemps CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

**Transaction ID : SA11AI.4742**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 441146

City State Zip Code  
SOMERVILLE MA 02144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
123500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	4

**Transaction ID : SA11AI.4742.0**

Amount of Each Receipt this Period  
1000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

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

Mailing Address 13510 White Oak Landing Blvd.

City Houston	State TX	Zip Code 77065
-----------------	-------------	-------------------

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

Name of Employer Accountemps	Occupation CPA
---------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2014

**Transaction ID : SA11AI.4751**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
187000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2014

**Transaction ID : SA11AI.4751.0**

Amount of Each Receipt this Period  
1000.00

Note: above contribution earmarked through this organization

**[MEMO ITEM]**

**C. United Food and Commercial Workers International Union**  
Full Name (Last, First, Middle Initial)

Mailing Address 266 Hardman Ave N.

City South St. Paul	State MN	Zip Code 55075
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

**Transaction ID : SA11AI.4676**

Amount of Each Receipt this Period  
25000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	26000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

**A. Richard Warner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3100 Newport Ct  
City Arlington State TX Zip Code 76015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SDS Occupation SW Engineer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **09 / 27 / 2014**  
**Transaction ID : SA11AI.4750**  
Amount of Each Receipt this Period **5000.00**

**B. ACTBLUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 441146  
City SOMERVILLE State MA Zip Code 02144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **186000.00**

Date of Receipt **09 / 28 / 2014**  
**Transaction ID : SA11AI.4750.0**  
Amount of Each Receipt this Period **5000.00**  
Note: above contribution earmarked through this organization  
**[MEMO ITEM]**

**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)   
Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>348900.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2014

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period

197.50

Full Name (Last, First, Middle Initial)

**B. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2014

Transaction ID : SB21B.4598

Amount of Each Disbursement this Period

39.50

Full Name (Last, First, Middle Initial)

**C. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 03 / 2014

Transaction ID : SB21B.4599

Amount of Each Disbursement this Period

39.50

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

276.50

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2014

Transaction ID : **SB21B.4678**

Amount of Each Disbursement this Period

197.50

Full Name (Last, First, Middle Initial)

**B. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2014

Transaction ID : **SB21B.4679**

Amount of Each Disbursement this Period

39.50

Full Name (Last, First, Middle Initial)

**C. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2014

Transaction ID : **SB21B.4680**

Amount of Each Disbursement this Period

197.50

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

434.50

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : **SB21B.4677**

Amount of Each Disbursement this Period

197.50

Full Name (Last, First, Middle Initial)

**B. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2014

Transaction ID : **SB21B.4681**

Amount of Each Disbursement this Period

790.00

Full Name (Last, First, Middle Initial)

**C. Actblue Technical**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2014

Transaction ID : **SB21B.4682**

Amount of Each Disbursement this Period

1520.75

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

2508.25

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. America Votes**

Mailing Address 1600 University Ave W  
Ste 401C

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Office Rent & Expenses

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2014

Transaction ID : **SB21B.4684**

Amount of Each Disbursement this Period

665.97

Full Name (Last, First, Middle Initial)

**B. Anzalone List Grove Research**

Mailing Address 1140 19th st NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Consulting - Research

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : **SB21B.4685**

Amount of Each Disbursement this Period

13600.00

Full Name (Last, First, Middle Initial)

**C. Budget Car Rental**

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement  
Travel

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2014

Transaction ID : **SB21B.4602**

Amount of Each Disbursement this Period

227.81

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

14493.78

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Accounting Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Mailing Address 620 Wesley Commons Drive  
Ste 28

**Transaction ID : SB21B.4605**

City Golden Valley State MN Zip Code 55427

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Compliance Consulting

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Capital Accounting Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

Mailing Address 620 Wesley Commons Drive  
Ste 28

**Transaction ID : SB21B.4606**

City Golden Valley State MN Zip Code 55427

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Compliance Consulting

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Capital Accounting Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Mailing Address 620 Wesley Commons Drive  
Ste 28

**Transaction ID : SB21B.4686**

City Golden Valley State MN Zip Code 55427

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Compliance Consulting

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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

2750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. EFTPS**

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4607**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. EFTPS**

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4608**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. EFTPS**

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4609**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Go To Meeting**

Mailing Address 851 West Cypress Creek Rd

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement  
Computer Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SB21B.4614

Amount of Each Disbursement this Period

52.74
-------

Full Name (Last, First, Middle Initial)

**B. Go To Meeting**

Mailing Address 851 West Cypress Creek Rd

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement  
Computer Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB21B.4688

Amount of Each Disbursement this Period

52.74
-------

Full Name (Last, First, Middle Initial)

**C. Go To Meeting**

Mailing Address 851 West Cypress Creek Rd

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement  
Computer Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SB21B.4689

Amount of Each Disbursement this Period

52.74
-------

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

158.22
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Grassroots Solutions**

Mailing Address 2929 University Ave SE  
Ste 100

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Consulting - Political Strategy

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4615**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Grassroots Solutions**

Mailing Address 2929 University Ave SE  
Ste 100

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Consulting - Political Strategy

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4616**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Grassroots Solutions**

Mailing Address 2929 University Ave SE  
Ste 100

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Consulting - Political Strategy

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4690**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Grassroots Solutions**

Mailing Address 2929 University Ave SE  
Ste 100

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Consulting - Political Strategy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 10440 N. Central Exp.

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

Transaction ID : SB21B.4617

Amount of Each Disbursement this Period

310.33

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2014

Transaction ID : SB21B.4618

Amount of Each Disbursement this Period

26.95

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

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

3337.28

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Software

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2014

Transaction ID : SB21B.4619

Amount of Each Disbursement this Period

40.50

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Software

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2014

Transaction ID : SB21B.4692

Amount of Each Disbursement this Period

40.50

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Software

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2014

Transaction ID : SB21B.4693

Amount of Each Disbursement this Period

26.95

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

107.95

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Software

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4694**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Software

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4695**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. KMC Strategies, LLC**

Mailing Address 3540 Hennepin Ave Ste 110

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement  
Consulting - Fundraising

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4620**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. KMC Strategies, LLC**

Mailing Address 3540 Hennepin Ave  
Ste 110

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement  
Consulting - Fundraising

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : SB21B.4696

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**B. KMC Strategies, LLC**

Mailing Address 3540 Hennepin Ave  
Ste 110

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement  
Consulting - Fundraising

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SB21B.4697

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**C. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SB21B.4626

Amount of Each Disbursement this Period

2008.60

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

13258.60

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : **SB21B.4627**

Amount of Each Disbursement this Period

2008.58

Full Name (Last, First, Middle Initial)

**B. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

Transaction ID : **SB21B.4628**

Amount of Each Disbursement this Period

2008.58

Full Name (Last, First, Middle Initial)

**C. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.4629**

Amount of Each Disbursement this Period

2008.59

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

6025.75

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4702**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4703**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4704**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4699**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Reimbursement - See Memos

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4700**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hotels.com**

Mailing Address 10440 N. Central Exp.

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4700.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : SB21B.4700.1**

Amount of Each Disbursement this Period

1	0	7	7	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Natalie Lehr**

Mailing Address 67 Otis Avenue

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Reimbursement - See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : SB21B.4701**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Sprint**

Mailing Address PO Box 6600092

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : SB21B.4701.0**

Amount of Each Disbursement this Period

5	0	0	0
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**[MEMO ITEM]**

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

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

5	0	0	0
---	---	---	---

5	0	0	0
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Minnesota Revenue**

Mailing Address Mail Station 1257

City State Zip Code  
St. Paul MN 55146

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4621**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Minnesota Revenue**

Mailing Address Mail Station 1257

City State Zip Code  
St. Paul MN 55146

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4622**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Minnesota Revenue**

Mailing Address Mail Station 1257

City State Zip Code  
St. Paul MN 55146

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4698**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Minnesota Unemployment Insurance**

Mailing Address 332 Minnesota St

City St. Paul State MN Zip Code 55101

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4623**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. OfficeMax**

Mailing Address 1490 University Ave W

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Office Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4706**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Pequot Hotel**

Mailing Address 16 Pequot Ave

City Oak Bluffs State MA Zip Code 02557

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4631**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 1201 3rd Avenue  
FI 40

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : SB21B.4632

Amount of Each Disbursement this Period

1514.97

Full Name (Last, First, Middle Initial)

**B. Perkins Coie**

Mailing Address 1201 3rd Avenue  
FI 40

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : SB21B.4707

Amount of Each Disbursement this Period

857.52

Full Name (Last, First, Middle Initial)

**C. Perkins Coie**

Mailing Address 1201 3rd Avenue  
FI 40

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SB21B.4708

Amount of Each Disbursement this Period

1488.75

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

3861.24

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 1201 3rd Avenue  
FI 40

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4709**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Project Lakes and Plains**

Mailing Address 1348 Hewitt Ave

City State Zip Code  
Saint Paul MN 55104

Purpose of Disbursement  
Consulting - Research

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4633**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Seven Corners Printing**

Mailing Address 230 7th St W

City State Zip Code  
Saint Paul MN 55102

Purpose of Disbursement  
Printing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4634**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. The Ashmead Group**

Mailing Address 235 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Consulting - Fundraising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4635**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The Ashmead Group**

Mailing Address 235 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Consulting - Fundraising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4712**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The UPS Store**

Mailing Address 1360 University Ave W

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4636**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. The UPS Store**

Mailing Address 1360 University Ave W

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4637**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 1360 University Ave W

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4638**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The UPS Store**

Mailing Address 1360 University Ave W

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4713**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. The UPS Store**

Mailing Address 1360 University Ave W

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4714**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75625

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4715**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75625

Purpose of Disbursement  
Shipping

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4716**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 650580

City State Zip Code  
Dallas TX 75625

Purpose of Disbursement  
Shipping

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 29 / 2014

Transaction ID : SB21B.4717

Amount of Each Disbursement this Period

28.70

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 180 Kellogg Blvd E

City State Zip Code  
Saint Paul MN 55101

Purpose of Disbursement  
Postage

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SB21B.4718

Amount of Each Disbursement this Period

122.50

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 180 Kellogg Blvd E

City State Zip Code  
Saint Paul MN 55101

Purpose of Disbursement  
Postage

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : SB21B.4719

Amount of Each Disbursement this Period

23.52

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

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

174.72

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

### A. Vincent A Restaurant

Mailing Address 1100 Nicollet Ave

City Minneapolis State MN Zip Code 55403

Purpose of Disbursement  
Meals

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4724

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. ALLIANCE FOR A BETTER MINNESOTA FEDERAL PAC**

Date of Disbursement

Mailing Address 1600 University Ave W  
Ste 309

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

City State Zip Code  
Saint Paul MN 55104

**Transaction ID : SB22.4593**

Purpose of Disbursement  
Transfer

001
Category/ Type

Amount of Each Disbursement this Period

25000.00
----------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. ALLIANCE FOR A BETTER MINNESOTA FEDERAL PAC**

Date of Disbursement

Mailing Address 1600 University Ave W  
Ste 309

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

City State Zip Code  
Saint Paul MN 55104

**Transaction ID : SB22.4768**

Purpose of Disbursement  
Transfer

Category/ Type

Amount of Each Disbursement this Period

25000.00
----------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

50000.00
----------

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

50000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WIN MINNESOTA FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. HOUSE MAJORITY PAC**

Mailing Address 700 13th Street, NW  
Ste. 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 25 / 2014

**Transaction ID : SB23.4771**

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

**B. HOUSE MAJORITY PAC**

Mailing Address 700 13th Street, NW  
Ste. 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 29 / 2014

**Transaction ID : SB23.4772**

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

50000.00

50000.00