



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Securian, Inc 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="2378.44"/>	<input type="text" value="2378.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7808.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12180.00"/>	<input type="text" value="22860.00"/>
(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="19988.44"/>	<input type="text" value="25238.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500.00"/>	<input type="text" value="5750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19488.44"/>	<input type="text" value="19488.44"/>
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

Write or Type Committee Name

**Securian, Inc 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).....	10795.00	18139.00
(ii) Unitemized .....	1385.00	4721.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12180.00	22860.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12180.00	22860.00
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).....	0.00	0.00
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))..... ▶	12180.00	22860.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12180.00	22860.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	5750.00
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)) ..	500.00	5750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	5750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	12180.00	22860.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12180.00	22860.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(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"/> 15
	<input type="checkbox"/> 12	<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)  
**Securian, Inc PAC**

**A. Eric J Bentley**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group Occupation: Second VP - Law

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : SA11AI.6263**

Amount of Each Receipt this Period: **130.00**  
monthly payroll deduction \$50.00

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

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group Occupation: 2nd Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : SA11AI.6264**

Amount of Each Receipt this Period: **75.00**  
monthly payroll deduction \$25.00

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

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group Occupation: Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : SA11AI.6266**

Amount of Each Receipt this Period: **900.00**  
monthly payroll deduction \$300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1105.00</b>
<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 7 OF 14
	(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)  
**Securian, Inc PAC**

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

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6267**

Amount of Each Receipt this Period  
**450.00**  
 monthly payroll deduction \$150.00

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

Mailing Address 400 Robert Street North

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation VP - Retail Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **747.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6268**

Amount of Each Receipt this Period  
**249.00**  
 monthly payroll deduction \$83.00

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

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6269**

Amount of Each Receipt this Period  
**225.00**  
 monthly payroll deduction \$75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>924.00</b>
<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 8 OF 14
	<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)  
**Securian, Inc PAC**

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

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6270**

Amount of Each Receipt this Period  
**450.00**

monthly payroll deduction \$150.00

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

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation Second VP - Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6271**

Amount of Each Receipt this Period  
**100.00**

monthly payroll deduction \$30.00

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

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6272**

Amount of Each Receipt this Period  
**300.00**

monthly payroll deduction \$100.00

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

**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 9 OF 14
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Securian, Inc PAC**

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

Mailing Address 400 Robert Street North

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation 2nd - Individual

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : SA11AI.6273**

Amount of Each Receipt this Period **300.00**

monthly payroll deduction \$300.00

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

Mailing Address 400 Robert Street North

City St. Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Co Occupation Second Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : SA11AI.6274**

Amount of Each Receipt this Period **90.00**

monthly payroll deduction \$30.00

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

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : SA11AI.6319**

Amount of Each Receipt this Period **5000.00**

one-time contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5390.00</b>
<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 10 OF 14
	(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)  
**Securian, Inc PAC**

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

Mailing Address 400 Robert Street North

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation VP - Retirement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6276**

Amount of Each Receipt this Period  
**150.00**  
 monthly payroll deduction \$50.00

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

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer Minnesota Life Insurance Company Occupation Second Vice President & Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6277**

Amount of Each Receipt this Period  
**220.00**  
 monthly payroll deduction \$100.00

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

Mailing Address 400 Robert Street North

City St. Paul State MN Zip Code 55101

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

Name of Employer Securian Financial Group Occupation VP - Wealth Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6278**

Amount of Each Receipt this Period  
**300.00**  
 monthly payroll deduction \$100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **670.00**

**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 11 OF 14
	<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)  
**Securian, Inc PAC**

**A. Ted J Nistler**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group  
Occupation: Second VP - Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : SA11AI.6280**

Amount of Each Receipt this Period: **90.00**  
monthly payroll deduction \$30.00

**B. Maria H O'Phelan**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Robert Street N

City St. Paul State MN Zip Code 55101

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

Name of Employer: Securian Financial Group  
Occupation: Second VP - Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : SA11AI.6281**

Amount of Each Receipt this Period: **75.00**  
monthly payroll deduction \$25.00

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

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

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

Name of Employer: Minnesota Life Insurance Co  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : SA11AI.6283**

Amount of Each Receipt this Period: **450.00**  
monthly payroll deduction \$150.00

**SUBTOTAL** of Receipts This Page (optional)..... **615.00**

**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 14
<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)  
**Securian, Inc PAC**

Full Name (Last, First, Middle Initial) <b>A. Bruce Shay</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.6286</b>
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 540.00 monthly payroll deduction \$40.00
City St Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Life Insurance Co	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>B. Mark W Sievers</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.6287</b>
Mailing Address 400 Robert Street N		Amount of Each Receipt this Period 126.00 monthly payroll deduction \$42.00
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		
Name of Employer Securian Financial Group	Occupation Second VP - Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Anne Smith</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.6288</b>
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 75.00 monthly payroll deduction \$25.00
City St Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Life Insurance Co	Occupation Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	741.00
<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 13 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Securian, Inc PAC**

**A. Warren Zaccaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Robert Street North  
 City State Zip Code  
 St. Paul MN 55101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Minnesota Life Insurance Co Executive Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.6290**  
 Amount of Each Receipt this Period  
 500.00  
 monthly payroll deduction \$250

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10795.00

**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

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)  
**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. House DFL Caucus**

Mailing Address

City State Zip Code  
St. Paul MN

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 04 2014

**Transaction ID : SB23.6320**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

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

/  /   
 / /

Amount of Each Disbursement this Period

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

/  /   
 / /

Amount of Each Disbursement this Period

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

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

500.00

500.00