

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="15583.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5390.00"/>	<input type="text" value="30945.00"/>
(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="20973.44"/>	<input type="text" value="33323.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="12350.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20973.44"/>	<input type="text" value="20973.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	4770.00	25174.00
(ii) Unitemized	620.00	5771.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5390.00	30945.00
(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)	5390.00	30945.00
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))..... ▶	5390.00	30945.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5390.00	30945.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	12350.00
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)) ..	0.00	12350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	12350.00

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)	5390.00	30945.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5390.00	30945.00
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: (check only one)	PAGE 6 OF 15
<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

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 **430.00**

Date of Receipt: 12 / 31 / 2014
Transaction ID : SA11AI.6379
Amount of Each Receipt this Period: 100.00
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 **300.00**

Date of Receipt: 12 / 31 / 2014
Transaction ID : SA11AI.6380
Amount of Each Receipt this Period: 50.00
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 **2040.00**

Date of Receipt: 12 / 31 / 2014
Transaction ID : SA11AI.6383
Amount of Each Receipt this Period: 600.00
monthly payroll deduction \$300.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
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 7 OF 15
	<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. 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 ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.6384

Amount of Each Receipt this Period
300.00

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 ▼ **996.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.6385

Amount of Each Receipt this Period
166.00

monthly payroll deduction \$83.00

c. Lynda S Czarnetzki
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.6386

Amount of Each Receipt this Period
80.00

monthly payroll deduction \$40.00

SUBTOTAL of Receipts This Page (optional).....▶	546.00
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 8 OF 15
	<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. Sue Ebertz
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	Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period

150.00

monthly payroll deduction \$75.00

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

Mailing Address 400 Robert Street N

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	Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

Transaction ID : SA11AI.6388

Amount of Each Receipt this Period

300.00

monthly payroll deduction \$150.00

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

Mailing Address 400 Robert Street N

City	State	Zip Code
St. Paul	MN	55101

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

Name of Employer	Occupation
Securian Financial Group	Second VP - Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

Transaction ID : SA11AI.6390

Amount of Each Receipt this Period

60.00

monthly payroll deduction \$30.00

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 9 OF 15
	<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

Full Name (Last, First, Middle Initial) A. Craig Frisvold		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.6393
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 200.00 monthly payroll deduction \$100.00
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 Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. William M Gould		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.6395
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 200.00 monthly payroll deduction \$300.00
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Name of Employer Securian Financial Group	Occupation 2nd - Individual
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) C. Greg Hammerly		Date of Receipt 12 / 31 / 2014 Transaction ID : SA11AI.6396
Mailing Address 400 Robert Street North		Amount of Each Receipt this Period 60.00 monthly payroll deduction \$30.00
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 ▼ 310.00	

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 15
	<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. Paul Hirschboeck
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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.6397

Amount of Each Receipt this Period
40.00
 monthly payroll deduction \$20.00

B. 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.6399

Amount of Each Receipt this Period
100.00
 monthly payroll deduction \$50.00

C. 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 ▼ **640.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.6400

Amount of Each Receipt this Period
200.00
 monthly payroll deduction \$100.00

SUBTOTAL of Receipts This Page (optional)..... **340.00**

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 15
	<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

Full Name (Last, First, Middle Initial) A. Anthony J Martins		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 400 Robert Street North		Transaction ID : SA11AI.6401
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Securian Financial Group	Occupation VP - Wealth Management	monthly payroll deduction \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Ted J Nistler		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 400 Robert Street N		Transaction ID : SA11AI.6404
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Securian Financial Group	Occupation Second VP - Tax	monthly payroll deduction \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Maria H O'Phelan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 400 Robert Street N		Transaction ID : SA11AI.6406
City St. Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Securian Financial Group	Occupation Second VP - Group	monthly payroll deduction \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 15
	<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. 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 ▼
1100.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.6409

Amount of Each Receipt this Period
300.00
monthly payroll deduction \$150.00

B. Mr. John Regal
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, Inc Occupation Director, Risk Management/Local Govt A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.6410

Amount of Each Receipt this Period
40.00
monthly payroll deduction \$20.00

C. Paul Rudeen
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 ▼
240.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.6412

Amount of Each Receipt this Period
40.00
monthly payroll deduction \$20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.00

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 13 OF 15
	<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. David A Seidel
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.6415

Amount of Each Receipt this Period
150.00

monthly payroll deduction \$75.00

B. Bruce Shay
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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1610.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.6414

Amount of Each Receipt this Period
500.00

monthly payroll deduction \$40.00

C. Mark W Sievers
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 - Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.6413

Amount of Each Receipt this Period
84.00

monthly payroll deduction \$42.00

SUBTOTAL of Receipts This Page (optional).....▶	734.00
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 15
	<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)
Securian, Inc PAC

A. Mary Anne Smith
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 ▼ **300.00**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.6416

Amount of Each Receipt this Period
50.00
monthly payroll deduction \$25.00

B. Nancy R Swanson
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 VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.6417

Amount of Each Receipt this Period
150.00
monthly payroll deduction \$75.00

C. Stephen Thor
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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.6418

Amount of Each Receipt this Period
40.00
monthly payroll deduction \$20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **240.00**

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 15 OF 15
(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)
Securian, Inc PAC

A. Warren Zaccaro
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 Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2014
Transaction ID : SA11AI.6420
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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	4770.00