

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Al Franken for Senate 2014**

Full Name (Last, First, Middle Initial)  
**A. Minnesota Democratic Farmer Labor Party**

Mailing Address **255 Plato Blvd E**

City **Saint Paul** State **MN** Zip Code **55107-1623**

Purpose of Disbursement  
**Unlimited Transfer to State Party**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 13 / 2014**

Amount of Each Disbursement this Period: **100000.00**

Transaction ID : **D415687**

Category/Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **100000.00**

**TOTAL** This Period (last page this line number only)..... **100000.00**

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