

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 013
 Check if different than previously reported. (ACC) Jordan MN 55352

2. **FEC IDENTIFICATION NUMBER** C C00602847 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) MN 02

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 08 / 09 / 2016 in the State of MN
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 20 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steve Ralls
Signature of Treasurer Steve Ralls *[Electronically Filed]* Date 07 / 28 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Darlene Miller for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 20 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19286.87	377274.70
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19286.87	377274.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	64774.43	229705.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	64774.43	229705.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164265.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Darlene Miller for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 20 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14450.00	283895.83
(ii) Unitemized	1336.87	21878.87
(iii) TOTAL of contributions from individuals	15786.87	305774.70
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	3500.00	71500.00
(d) The Candidate .....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19286.87	377274.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	.00	16695.92
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	.00	.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	19286.87	393970.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64774.43	229705.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS .....	.00	.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	64774.43	229705.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	209752.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19286.87
25. SUBTOTAL (add Line 23 and Line 24).....	229039.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64774.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164265.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Full Name (Last, First, Middle Initial)
John Bailey

Mailing Address 2807 Casco Point Rd

City Wayzata State MN Zip Code 55391

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11Ai-CN615

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Walter Barry

Mailing Address 2960 Gale Rd

City Wayzata State MN Zip Code 55391

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11Ai-CN609

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Karen Beenken

Mailing Address 530 5th St SE

City Sidney State MT Zip Code 59270

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

Name of Employer Blue Rock Distributing Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11Ai-CN608

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Full Name (Last, First, Middle Initial)
Wayne Berman

Mailing Address 3055 Whitehaven St NW

City Washington State DC Zip Code 20008

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

Name of Employer Berman Enterprises Occupation Gov Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : SA11Ai-CN605

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
John Biagas

Mailing Address 1107 Moore House Rd

City Yorktown State VA Zip Code 23690

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

Name of Employer Bay Electric Co. Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11Ai-CN606

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tony Christianson

Mailing Address 902 Shady Ln E

City Wayzata State MN Zip Code 55391

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

Name of Employer Cherry Tree Investments Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2016

Transaction ID : SA11Ai-CN620

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John M Guzik

Mailing Address 7908 Oak Hollow Ln

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
The Franklin Partnership Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11Ai-CN617

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Charles N Maragos

Mailing Address 64 Apple Orchard Rd

City State Zip Code
White Bear Lake MN 55110

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

Name of Employer Occupation
Valley Dental Arts President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11Ai-CN613

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles McDonald

Mailing Address 12445 Wedgewood PI NW

City State Zip Code
Coon Rapids MN 55433

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2016

Transaction ID : SA11Ai-CN610

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 33
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Full Name (Last, First, Middle Initial)
John Ruan III

Mailing Address 465 Foster Dr

City State Zip Code
Des Moines IA 50312

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

Name of Employer Occupation
Ruan Transportation Management Systems CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11Ai-CN618

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Christine Schwarzman

Mailing Address 345 Park Avenue 44th Floor

City State Zip Code
New York NY 10154

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

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11Ai-CN628

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Eric Christian Tostrud

Mailing Address 1490 Somerset Ct

City State Zip Code
Mendota Heights MN 55118

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

Name of Employer Occupation
Lockridge Grindal Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : SA11Ai-CN622

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Full Name (Last, First, Middle Initial)
George Wickstrom Jr

Mailing Address 1028 11th Ave NE

City Faribault State MN Zip Code 55021

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

Name of Employer Northwestern Mutual Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11Ai-CN612

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

250.00

14450.00

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

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

FOR LINE NUMBER: PAGE 10 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Full Name (Last, First, Middle Initial)
American Security PAC

Mailing Address 167 West Manor Ln

City State Zip Code
Alexandria AL 36250

FEC ID number of contributing federal political committee. **C** C00439521

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11C-CN629

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Conservative Opportunity Leadership & Enterprise PAC

Mailing Address 12176 Chancery Station Cir

City State Zip Code
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11C-CN616

Amount of Each Receipt this Period
2500.00

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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

3500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. LMH Consulting Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 756 O'Day Dr			Amount of Each Disbursement this Period 5000.00	
City Jordan	State MN	Zip Code 55352	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Retainer		Category/Type 003		
Candidate Name		Transaction ID : SB17-EX197 Fundraising Retainer		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. LMH Consulting Services LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address 756 O'Day Dr			Amount of Each Disbursement this Period 80.57	
City Jordan	State MN	Zip Code 55352	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/Type 002		
Candidate Name		Transaction ID : SB17-EX220 REIMBURSEMENT: SEE BELOW		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Twinburger			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address Minneapolis-St Paul Airport			Amount of Each Disbursement this Period 10.79	
City Saint Paul	State MN	Zip Code 55111	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Food and Beverage		Category/Type 002		
Candidate Name		Transaction ID : SB17-EX221		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5080.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 1455 Market St		Amount of Each Disbursement this Period 69.78
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Taxi Fare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX222
State: District:		

Full Name (Last, First, Middle Initial) B. Shanna Woodbury Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address PO Box 120697		Amount of Each Disbursement this Period 5815.05
City Saint Paul	State MN	
Zip Code 55112	Purpose of Disbursement PAYMENT: SEE BELOW	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX198 PAYMENT: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) c. Shanna Woodbury Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address PO Box 120697		Amount of Each Disbursement this Period 5000.00
City Saint Paul	State MN	
Zip Code 55112	Purpose of Disbursement Fundraising Retainer	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX199
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5815.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Shanna Woodbury Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address PO Box 120697		Amount of Each Disbursement this Period 537.75
City Saint Paul	State MN	
Zip Code 55112	Purpose of Disbursement Mileage Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX200
State: District:		

Full Name (Last, First, Middle Initial) B. Shanna Woodbury Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address PO Box 120697		Amount of Each Disbursement this Period 31.00
City Saint Paul	State MN	
Zip Code 55112	Purpose of Disbursement Parking Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX201
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1455 Market St		Amount of Each Disbursement this Period 51.39
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Taxi Fare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX202
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Jo Jo's Rise & Wine		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 12501 Nicollet Ave		Amount of Each Disbursement this Period 48.95
City Burnsville	State MN	
Zip Code 55337	Purpose of Disbursement Food and Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX203
State: District:		

Full Name (Last, First, Middle Initial) B. CIBO Express Gourmet Market		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address O'Hare International Airport		Amount of Each Disbursement this Period 13.34
City Amf Ohare	State IL	
Zip Code 60666	Purpose of Disbursement Food and Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX204
State: District:		

Full Name (Last, First, Middle Initial) C. OfficeMax		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 14121 Aldrich Ave S		Amount of Each Disbursement this Period 85.62
City Burnsville	State MN	
Zip Code 55337	Purpose of Disbursement Paper & Envelopes	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX205
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 13800 Nicollet Blvd		Amount of Each Disbursement this Period 47.00
City Burnsville	State MN Zip Code 55337	
Purpose of Disbursement Postage	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX206
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 332 W Lee Hwy # 303		Amount of Each Disbursement this Period 1073.44
City Warrenton	State VA Zip Code 20186	
Purpose of Disbursement PAYMENT: SEE BELOW	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX209 PAYMENT: SEE BELOW
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 332 W Lee Hwy # 303		Amount of Each Disbursement this Period 1050.00
City Warrenton	State VA Zip Code 20186	
Purpose of Disbursement Accounting Services	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX210
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1073.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 332 W Lee Hwy # 303		Amount of Each Disbursement this Period 23.44
City Warrenton	State VA	
Zip Code 20186	Purpose of Disbursement Postage Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17-EX211
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Targeted Creative Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 106 S Columbus St		Amount of Each Disbursement this Period 3000.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Advertising/Strategic Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	Transaction ID : SB17-EX218 Advertising/Strategic Consulting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Targeted Creative Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 106 S Columbus St		Amount of Each Disbursement this Period 4404.54
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Direct Mail	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17-EX225 Direct Mail
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7404.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address PO Box 0001		Amount of Each Disbursement this Period 8608.54
City Los Angeles	State CA	
Zip Code 90096	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17-EX253 CREDIT CARD PAYMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Quaker Steak & Lube		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 5300 Riverside Dr		Amount of Each Disbursement this Period 19.62
City Cleveland	State OH	
Zip Code 44135	Purpose of Disbursement Food and Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17-EX227 Food and Beverage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Air Lines		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 1146.40
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17-EX228 Airfare
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8608.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Walgreens		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 950 County Rd 42 W		Amount of Each Disbursement this Period 9.40
City Burnsville	State MN	
Zip Code 55337	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX229 Postage
State: District:		

Full Name (Last, First, Middle Initial) B. Cleveland Airport Marriott		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 4277 W 150th St		Amount of Each Disbursement this Period 580.50
City Cleveland	State OH	
Zip Code 44135	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX230 Lodging
State: District:		

Full Name (Last, First, Middle Initial) c. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 400 1st St SE		Amount of Each Disbursement this Period 39.34
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food and Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX231 Food and Beverage
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Acqua AI 2		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period 76.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Food and Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX232 Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Suites		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 200 C St SE		Amount of Each Disbursement this Period 1172.84
City Washington State DC Zip Code 20003	Purpose of Disbursement Lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX233 Lodging
State: District:		

Full Name (Last, First, Middle Initial) C. Rock N Fish		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 120 Manhattan Beach Blvd		Amount of Each Disbursement this Period 47.13
City Manhattan Beach State CA Zip Code 90266	Purpose of Disbursement Food and Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX234 Food and Beverage
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Blu20		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address LAX International Airport		Amount of Each Disbursement this Period 31.23
City Los Angeles	State CA	
Zip Code 90045	Purpose of Disbursement Food and Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX235 Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) B. Manhattan Beach Marriott		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 1400 Parkview Ave		Amount of Each Disbursement this Period 623.48
City Manhattan Beach	State CA	
Zip Code 90266	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX236 Lodging
State: District:		

Full Name (Last, First, Middle Initial) c. Eagan Fun Fest		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address PO Box 22503		Amount of Each Disbursement this Period 100.00
City Saint Paul	State MN	
Zip Code 55122	Purpose of Disbursement Parade Entry	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX237 Parade Entry
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Cottage Grove Strawberry Fest			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016		
Mailing Address PO Box 512			Amount of Each Disbursement this Period 75.00		
City Cottage Grove	State MN	Zip Code 55016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX238 Parade Entry		
Purpose of Disbursement Parade Entry		Category/ Type 007			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016			
State:	District:				

Full Name (Last, First, Middle Initial) B. Google			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016		
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 27.24		
City Mountain View	State CA	Zip Code 94043	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX239 Online Software		
Purpose of Disbursement Online Software		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016			
State:	District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016		
Mailing Address 13800 Nicollet Blvd			Amount of Each Disbursement this Period 35.00		
City Burnsville	State MN	Zip Code 55337	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX242 PO Box Rental		
Purpose of Disbursement PO Box Rental		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Cheap Fast & Easy Tees		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 8948 Oakland Ave S		Amount of Each Disbursement this Period 1023.95
City Minneapolis	State MN	
Zip Code 55420	Purpose of Disbursement Campaign T-Shirts	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX243 Campaign T-Shirts
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Screen Tech		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 2272 N 3rd St Suite A		Amount of Each Disbursement this Period 2729.01
City Saint Paul	State MN	
Zip Code 55109	Purpose of Disbursement Campaign Signs	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX244 Campaign Signs
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. SuperAmerica		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 13195 Pioneer Tr		Amount of Each Disbursement this Period 40.42
City Eden Prairie	State MN	
Zip Code 55347	Purpose of Disbursement Fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX245 Fuel
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. MN Chamber Of Commerce		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 400 Robert St N # 1500		Amount of Each Disbursement this Period 75.00
City Saint Paul State MN Zip Code 55101	Purpose of Disbursement Event Tickets 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX246 Event Tickets
State: District:		

Full Name (Last, First, Middle Initial) B. WalMart		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 1360 Town Centre Dr		Amount of Each Disbursement this Period 129.56
City Saint Paul State MN Zip Code 55123	Purpose of Disbursement Food and Beverage 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX247 Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) C. Jewish Community Relations Council		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 12 N 12th St Suite 480		Amount of Each Disbursement this Period 195.00
City Minneapolis State MN Zip Code 55403	Purpose of Disbursement Event Tickets 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX248 Event Tickets
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. OfficeMax		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 14121 Aldrich Ave S		Amount of Each Disbursement this Period 87.81
City Burnsville	State MN		☒ Memo Item Transaction ID : SB17-EX249 Printer Ink & Envelopes
Purpose of Disbursement Printer Ink & Envelopes	Zip Code 55337	Category/ Type 001
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 13800 Nicollet Blvd		Amount of Each Disbursement this Period 235.00
City Burnsville	State MN		☒ Memo Item Transaction ID : SB17-EX250 Postage
Purpose of Disbursement Postage	Zip Code 55337	Category/ Type 001
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. FedEx Office		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 700 County Rd 42 W		Amount of Each Disbursement this Period 106.31
City Burnsville	State MN		☒ Memo Item Transaction ID : SB17-EX251 Printing
Purpose of Disbursement Printing	Zip Code 55337	Category/ Type 001
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Home Depot		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 3220 Denmark Ave		Amount of Each Disbursement this Period 3.30
City Saint Paul	State MN	
Zip Code 55121	Purpose of Disbursement Batteries	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX252 Batteries
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 3561.06
City Mendota Heights	State MN	
Zip Code 55120	Purpose of Disbursement PAYROLL: SEE BELOW	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX262 PAYROLL: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) c. George Damian		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 11625 Wilder Dr # 311		Amount of Each Disbursement this Period 1549.28
City Eden Prairie	State MN	
Zip Code 55344	Purpose of Disbursement Net Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	Transaction ID : SB17-EX258 Net Salary
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3561.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 1024.57
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement Withholding Taxes	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX260 Withholding Taxes
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	State: District:	

Full Name (Last, First, Middle Initial) B. Kayla Friedlund		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 15305 Co Rd 5		Amount of Each Disbursement this Period 987.21
City Burnsville	State MN Zip Code 55306	
Purpose of Disbursement Net Salary	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX261 Net Salary
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	State: District:	

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 99.70
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement Payroll Service Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX266 Payroll Service Fee
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	99.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 3561.06
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement PAYROLL: SEE BELOW	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX267 PAYROLL: SEE BELOW
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Kayla Friedlund		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 15305 Co Rd 5		Amount of Each Disbursement this Period 987.20
City Burnsville	State MN Zip Code 55306	
Purpose of Disbursement Net Salary	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX263 Net Salary
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	

Full Name (Last, First, Middle Initial) c. George Damian		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 11625 Wilder Dr # 311		Amount of Each Disbursement this Period 1549.28
City Eden Prairie	State MN Zip Code 55344	
Purpose of Disbursement Net Salary	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX264 Net Salary
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	

SUBTOTAL of Disbursements This Page (optional).....	3561.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 1024.58
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement Withholding Taxes	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX265 Withholding Taxes
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 49.70
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement Payroll Service Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX268 Payroll Service Fee
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 43.50
City Baton Rouge	State LA Zip Code 70884	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX255 Credit Card Processing Fee
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	93.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Evolve Systems		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 2974 Rice Street		Amount of Each Disbursement this Period 3825.00
City Saint Paul	State MN	
Zip Code 55113	Purpose of Disbursement Website Design	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17-EX224 Website Design
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Push Digital LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address PO Box 21892		Amount of Each Disbursement this Period 40.00
City Charleston	State SC	
Zip Code 29413	Purpose of Disbursement Managed Hosting	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17-EX223 Managed Hosting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Darlene Miller		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address PO Box 13		Amount of Each Disbursement this Period 3465.12
City Jordan	State MN	
Zip Code 55352	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Memo Item
Candidate Name Darlene Miller	001 Category/ Type	Transaction ID : SB17-EX212 REIMBURSEMENT: SEE BELOW
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	7330.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Darlene Miller		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016
Mailing Address PO Box 13		Amount of Each Disbursement this Period 2205.67
City Jordan	State MN	
Zip Code 55352	Purpose of Disbursement Mileage Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name Darlene Miller	Category/Type 001	Transaction ID : SB17-EX213
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 02	

Full Name (Last, First, Middle Initial) B. Highview Insurance Associates		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016
Mailing Address 1601 E Hwy 132 Suite 203		Amount of Each Disbursement this Period 953.20
City Burnsville	State MN	
Zip Code 55337	Purpose of Disbursement Campaign Insurance	<input checked="" type="checkbox"/> Memo Item
Candidate Name Darlene Miller	Category/Type 001	Transaction ID : SB17-EX214
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 02	

Full Name (Last, First, Middle Initial) c. Verizon		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 78.25
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Telephone	<input checked="" type="checkbox"/> Memo Item
Candidate Name Darlene Miller	Category/Type 001	Transaction ID : SB17-EX215
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. Amber Heckert			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016		
Mailing Address 9061 Holly Ln N			Amount of Each Disbursement this Period 165.00		
City Osseo	State MN	Zip Code 55311	Category/ Type 001		
Purpose of Disbursement Photoshoot					
Candidate Name Darlene Miller			<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX216		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: MN District: 02					

Full Name (Last, First, Middle Initial) B. Darlene Miller			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016		
Mailing Address PO Box 13			Amount of Each Disbursement this Period 63.00		
City Jordan	State MN	Zip Code 55352	Category/ Type 001		
Purpose of Disbursement Parking Reimbursement					
Candidate Name Darlene Miller			<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17-EX217		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: MN District: 02					

Full Name (Last, First, Middle Initial) c. Burnsville Showroom LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 11975 Portland Ave S # 138			Amount of Each Disbursement this Period 600.00		
City Burnsville	State MN	Zip Code 55337	Category/ Type 001		
Purpose of Disbursement Office Rent					
Candidate Name			<input type="checkbox"/> Memo Item Transaction ID : SB17-EX147 Office Rent		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

Full Name (Last, First, Middle Initial) A. SRCP Media		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 201 N Union St Suite 200		Amount of Each Disbursement this Period 4835.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Media Buy	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX269 Media Buy
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SRCP Media		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 201 N Union St Suite 200		Amount of Each Disbursement this Period 2414.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Media Production	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX219 Media Production
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Vanco Services		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 3800 American Blvd W Suite 500		Amount of Each Disbursement this Period 212.15
City Minneapolis	State MN Zip Code 55431	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX271 Credit Card Processing Fee
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7461.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Darlene Miller for Congress

A. Public Opinion Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 214 N Fayette St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Polling

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 06 / 2016

Amount of Each Disbursement this Period
13700.00

Memo Item

Transaction ID : SB17-EX270
Polling

Category/Type
005

B.

Full Name (Last, First, Middle Initial)

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Category/Type

C.

Full Name (Last, First, Middle Initial)

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 13700.00

TOTAL This Period (last page this line number only)..... 64388.43