

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

CRAFT FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 22037

Check if different than previously reported. (ACC)

EAGAN

MN

55122

2. **FEC IDENTIFICATION NUMBER** ▼

C C00546465

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

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 Thomas Craft

Signature of Treasurer Thomas Craft

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CRAFT FOR CONGRESS

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

	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))....	5385.75	22676.92
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5385.75	22676.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11518.52	8883.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	120.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11398.52	8883.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2965.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

CRAFT FOR CONGRESS

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

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).....	500.00	15962.46
(ii) Unitemized.....	1100.00	5107.49
(iii) TOTAL of contributions from individuals ▶	1600.00	21069.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	3785.75	1606.97
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5385.75	22676.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	120.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5505.75	22676.92

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11518.52	8883.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11518.52	8883.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8978.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5505.75
25. SUBTOTAL (add Line 23 and Line 24).....	14484.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11518.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2965.89

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

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

FOR LINE NUMBER: PAGE 5 OF 20
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
CRAFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew Mahowald

Mailing Address 3840 Grand Ave South
#3

City Minneapolis State MN Zip Code 55409

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

Name of Employer Percipient Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11Al.4456

Amount of Each Receipt this Period
 500.00

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 M / D 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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

**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 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CRAFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficiant Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13.81

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11D.4530

Amount of Each Receipt this Period
13.81

In-kind - Packing Materials for Caucuses

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

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficiant Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
55.65

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11D.4533

Amount of Each Receipt this Period
41.84

In-kind - Materials for caucuses

C. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficiant Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
580.65

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2014

Transaction ID : SA11D.4468

Amount of Each Receipt this Period
25.00

In-kind - Funds for Senate District 52 Caucus Table

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

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

80.65

**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 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CRAFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficiant Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
555.65

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2014

Transaction ID : SA11D.4469

Amount of Each Receipt this Period
500.00

In-kind - Tickets to Democratic Fundraiser for Campaign Team

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

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficiant Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
687.55

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11D.4534

Amount of Each Receipt this Period
106.90

In-kind - Food/Drinks after caucus with team

C. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficiant Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
705.75

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11D.4532

Amount of Each Receipt this Period
18.20

In-kind - Envelopes

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

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

625.10

**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 8 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CRAFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficent Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1205.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11D.4466

Amount of Each Receipt this Period
500.00

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

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficent Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1215.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2014

Transaction ID : SA11D.4470

Amount of Each Receipt this Period
10.00

In-kind - Funds for Senate District 58 Convention Table

C. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficent Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2715.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11D.4467

Amount of Each Receipt this Period
1500.00

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

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

2010.00

**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 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CRAFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficent Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2785.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11D.4471

Amount of Each Receipt this Period
20.00

In-kind - Funds for Senate District 56 Convention Table

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

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficent Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2765.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11D.4472

Amount of Each Receipt this Period
25.00

In-kind - Funds for Senate District 55 Convention Table

C. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Perficent Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2740.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11D.4473

Amount of Each Receipt this Period
25.00

In-kind - Funds for Senate District 54 Convention Table

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

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

70.00

**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 10 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CRAFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Craft

Mailing Address 1450 Richards Ct.

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C H4MN02128**

Name of Employer Percipient Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3785.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11D.4505

Amount of Each Receipt this Period
1000.00

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

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

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

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

1000.00

3785.75

**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 20			
	<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)
CRAFT FOR CONGRESS

A. Automatic Data Processing

Full Name (Last, First, Middle Initial)
Mailing Address 100 Northwest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll Processing Tax and Financial Services

Candidate Name
CRAFT FOR CONGRESS

Office Sought: House Senate President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
01 / 14 / 2014

Amount of Each Disbursement this Period
476.86

Transaction ID : SB17.4507

Category/Type
001

B. Automatic Data Processing

Full Name (Last, First, Middle Initial)
Mailing Address 100 Northwest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll Processing Tax and Financial Services

Candidate Name
CRAFT FOR CONGRESS

Office Sought: House Senate President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
01 / 21 / 2014

Amount of Each Disbursement this Period
16.00

Transaction ID : SB17.4508

Category/Type
001

c. Automatic Data Processing

Full Name (Last, First, Middle Initial)
Mailing Address 100 Northwest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Payroll Processing Tax and Financial Services

Candidate Name
CRAFT FOR CONGRESS

Office Sought: House Senate President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
01 / 21 / 2014

Amount of Each Disbursement this Period
40.00

Transaction ID : SB17.4509

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 532.86

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 20	
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Automatic Data Processing		M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period
City Elk Grove Village State IL Zip Code 60007		35.43
Purpose of Disbursement Payroll Processing Tax and Financial Services		Transaction ID : SB17.4510
Candidate Name CRAFT FOR CONGRESS		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Automatic Data Processing		M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period
City Elk Grove Village State IL Zip Code 60007		476.86
Purpose of Disbursement Payroll Processing Tax and Financial Services		Transaction ID : SB17.4511
Candidate Name CRAFT FOR CONGRESS		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Automatic Data Processing		M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period
City Elk Grove Village State IL Zip Code 60007		25.00
Purpose of Disbursement Payroll Processing Tax and Financial Services		Transaction ID : SB17.4512
Candidate Name CRAFT FOR CONGRESS		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	537.29
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 20			
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Automatic Data Processing		M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Processing Tax and Financial Services	35.43
Candidate Name CRAFT FOR CONGRESS	Category/Type 001	Transaction ID : SB17.4514
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Automatic Data Processing		M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Processing Tax and Financial Services	476.85
Candidate Name CRAFT FOR CONGRESS	Category/Type 001	Transaction ID : SB17.4515
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Automatic Data Processing		M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Processing Tax and Financial Services	35.43
Candidate Name CRAFT FOR CONGRESS	Category/Type 001	Transaction ID : SB17.4516
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	547.71
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 20			
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Automatic Data Processing		M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period	
City Elk Grove Village State IL Zip Code 60007		476.86	
Purpose of Disbursement Payroll Processing Tax and Financial Services		Transaction ID : SB17.4517	
Candidate Name CRAFT FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 02			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Automatic Data Processing		M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period	
City Elk Grove Village State IL Zip Code 60007		35.43	
Purpose of Disbursement Payroll Processing Tax and Financial Services		Transaction ID : SB17.4518	
Candidate Name CRAFT FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 02			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Automatic Data Processing		M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period	
City Elk Grove Village State IL Zip Code 60007		476.86	
Purpose of Disbursement Payroll Processing Tax and Financial Services		Transaction ID : SB17.4519	
Candidate Name CRAFT FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 02			

SUBTOTAL of Disbursements This Page (optional).....	989.15
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 15 OF 20			
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Automatic Data Processing		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 100 Northwest Point Blvd		Amount of Each Disbursement this Period 469.36 Transaction ID : SB17.4520
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Processing Tax and Financial Services Category/Type 001	
Candidate Name CRAFT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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. Daniel Cox		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 417 W Cherry St		Amount of Each Disbursement this Period 1059.98 Transaction ID : SB17.4521
City Stillwater State MN Zip Code 55082	Purpose of Disbursement Salary Category/Type 001	
Candidate Name CRAFT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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. Daniel Cox		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 417 W Cherry St		Amount of Each Disbursement this Period 1059.98 Transaction ID : SB17.4522
City Stillwater State MN Zip Code 55082	Purpose of Disbursement Salary Category/Type 001	
Candidate Name CRAFT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2589.32
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 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Daniel Cox		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 417 W Cherry St		Amount of Each Disbursement this Period 1059.99 Transaction ID : SB17.4523
City Stillwater	State MN	
Purpose of Disbursement Salary	001	Category/ Type
Candidate Name CRAFT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. Daniel Cox		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 417 W Cherry St		Amount of Each Disbursement this Period 1059.98 Transaction ID : SB17.4524
City Stillwater	State MN	
Purpose of Disbursement Salary	001	Category/ Type
Candidate Name CRAFT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. Daniel Cox		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 417 W Cherry St		Amount of Each Disbursement this Period 1059.98 Transaction ID : SB17.4525
City Stillwater	State MN	
Purpose of Disbursement Salary	001	Category/ Type
Candidate Name CRAFT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	3179.95
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 20			
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Daniel Cox		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 417 W Cherry St		Amount of Each Disbursement this Period 1059.98 Transaction ID : SB17.4526
City Stillwater	State MN	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name CRAFT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. Thomas Craft		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4479
City Eagan	State MN	
Purpose of Disbursement In-kind - Tickets to Democratic Fundraiser for Campaign Team		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. Thomas Craft		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 106.90 Transaction ID : SB17.4536
City Eagan	State MN	
Purpose of Disbursement In-kind - Food/Drinks after caucus with team		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1666.88
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 20			
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas Craft		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 18.20 Transaction ID : SB17.4538
City Eagan State MN Zip Code 55122	Purpose of Disbursement In-kind - Envelopes	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Thomas Craft		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4478
City Eagan State MN Zip Code 55122	Purpose of Disbursement In-kind - Funds for Senate District 58 Convention Table	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Thomas Craft		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4475
City Eagan State MN Zip Code 55122	Purpose of Disbursement In-kind - Funds for Senate District 54 Convention Table	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	53.20
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 19 OF 20	
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas Craft		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4476
City Eagan State MN Zip Code 55122	Purpose of Disbursement In-kind - Funds for Senate District 55 Convention Table	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Thomas Craft		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 1450 Richards Ct.		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4477
City Eagan State MN Zip Code 55122	Purpose of Disbursement In-kind - Funds for Senate District 56 Convention Table	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Globe Publishing Company Inc		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 224 North Concord Exchange		Amount of Each Disbursement this Period 589.19 Transaction ID : SB17.4489
City South Saint Paul State MN Zip Code 55075	Purpose of Disbursement	
Candidate Name CRAFT FOR CONGRESS	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	634.19
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 20	
	<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)
CRAFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address Cliff Lake Branch		Amount of Each Disbursement this Period 414.00 Transaction ID : SB17.4491
City Eagan State MN Zip Code 55122	Purpose of Disbursement Stamps for mailing 007 Category/Type	
Candidate Name CRAFT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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. Walmart		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 1360 Town Centre Dr		Amount of Each Disbursement this Period 114.16 Transaction ID : SB17.4490
City Eagan State MN Zip Code 55123	Purpose of Disbursement Phone Minutes and Address Label 007 Category/Type	
Candidate Name CRAFT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	528.16
TOTAL This Period (last page this line number only).....	11258.71