

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**MINNESOTA CONGRESSIONAL VICTORY FUND**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 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 Paul Kilgore

Signature of Treasurer Paul Kilgore [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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**MINNESOTA CONGRESSIONAL VICTORY FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1479.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12870.00"/>	<input type="text" value="52970.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14349.99"/>	<input type="text" value="52970.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12849.99"/>	<input type="text" value="51470.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MINNESOTA CONGRESSIONAL VICTORY FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11650.00	51750.00
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11850.00	51950.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12850.00	52950.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	20.00	20.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12870.00	52970.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12870.00	52970.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2160.72	4815.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2160.72	4815.00
22. Transfers to Affiliated/Other Party Committees.....	10689.27	46655.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12849.99	51470.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12849.99	51470.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12850.00	52950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12850.00	52950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2160.72	4815.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	20.00	20.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2140.72	4795.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Lisa S Anderson</b>		Date of Receipt
Mailing Address 8989 Preserve Blvd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Eden Prairie	MN	55347
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Lisa S Anderson</b>		Date of Receipt
Mailing Address 8989 Preserve Blvd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Eden Prairie	MN	55347
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
None	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Scott L Anderson</b>		Date of Receipt
Mailing Address 29 Park Ln		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Minneapolis	MN	55416
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Fabyanske	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial)  
**A. Warren C Anderson**

Mailing Address 46675 State Hwy 28

City State Zip Code  
Morris MN 56267

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Fredric W Corrigan**

Mailing Address PO Box 5050

City State Zip Code  
Carefree AZ 85377

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

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Charles W Meixel**

Mailing Address 20517 350th Ave

City State Zip Code  
Starbuck MN 56381

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial)  
**A. Mickey J Miller**

Mailing Address 1504 Steger Rd NW

City Alexandria	State MN	Zip Code 56308
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FEC ID number of contributing federal political committee. **C**

Name of Employer Energetic LLC	Occupation President
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Lowell H Nelson**

Mailing Address 37759 County Rd 2

City Hancock	State MN	Zip Code 56244
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. James D Nordquist**

Mailing Address 27302 Hammer Dr

City Starbuck	State MN	Zip Code 56381
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
-------------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

**A. Gregg C Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Peavy Ln

City Wayzata State MN Zip Code 55391

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

Name of Employer Nascent Capital Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
500.00

**B. Deborah Soine**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 North Court St

City Morris State MN Zip Code 56267

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
250.00

**C. John S Tschohl**  
Full Name (Last, First, Middle Initial)

Mailing Address 4650 Nine Oaks Cir

City Bloomington State MN Zip Code 55437

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

Name of Employer Service Quality Institute Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

**A. James E Ulland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 W 22nd St  
City Minneapolis State MN Zip Code 55405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ulland Investment Advisors Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 29 / 2014**  
**Transaction ID : SA11AI.4185**  
Amount of Each Receipt this Period **500.00**

**B. Joseph C Weis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2227 7th St NW  
City Rochester State MN Zip Code 55901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Weis Builders Occupation Chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 29 / 2014**  
**Transaction ID : SA11AI.4187**  
Amount of Each Receipt this Period **500.00**

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

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11650.00</b>

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

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

FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

**A. FREEDOM AND SECURITY PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. WASHINGTON ST., STE. 115  
City ALEXANDRIA State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00437061  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 29 / 2014  
**Transaction ID : SA11C.4202**  
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) ▼  
Aggregate Year-to-Date ▼

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 5555 Hilton Ave Ste 106

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
JFC CC Transaction Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : SB21B.4167

Amount of Each Disbursement this Period

39.30

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 5555 Hilton Ave Ste 106

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
JFC Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.4168

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Minneapolis Club**

Mailing Address 729 2nd Ave S

City State Zip Code  
Minneapolis MN 55402

Purpose of Disbursement  
JFC Event Catering & Facility Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

1069.79

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

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

1129.09

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial)

### A. Professional Data Services

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
JFC Compliance Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MINNESOTA CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF STEWART MILLS INC**

Mailing Address PO BOX 1039

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

City BRAINERD State MN Zip Code 56401

Transaction ID : **SB22.4204**

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

008
Category/ Type

Amount of Each Disbursement this Period

5261.45
---------

Candidate Name

**STEWART MILLS**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MN District: 08

Full Name (Last, First, Middle Initial)

**B. WESTROM FOR CONGRESS**

Mailing Address PO BOX 210

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

City ELBOW LAKE State MN Zip Code 56531

Transaction ID : **SB22.4205**

Purpose of Disbursement  
TRANSFER OF NET JFC FUNDS

008
Category/ Type

Amount of Each Disbursement this Period

5427.82
---------

Candidate Name

**TORREY WESTROM**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

10689.27
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**TOTAL** This Period (last page this line number only)..... ▶

10689.27
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