

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
Brad Ashford for Congress

ADDRESS (number and street) PO Box 24023
 Check if different than previously reported. (ACC) Omaha NE 68124

2. **FEC IDENTIFICATION NUMBER** C00557181 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NE 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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

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 Jim Olson

Signature of Treasurer Jim Olson *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 31 / 2015

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
Brad Ashford 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)).... | 69619.58 | 81751.36 |
| (b) Total Contribution Refunds (from Line 20(d)) | 1006.67 | 1006.67 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 68612.91 | 80744.69 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 75538.94 | 103397.64 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 78.79 | 78.79 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 75460.15 | 103318.85 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 15489.79 | |
| 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

Brad Ashford 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)..... | 6200.00 | 13400.00 |
| (ii) Unitemized..... | 419.58 | 851.36 |
| (iii) TOTAL of contributions from individuals ▶ | 6619.58 | 14251.36 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 63000.00 | 67500.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 69619.58 | 81751.36 |
| 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.) | 78.79 | 78.79 |
| 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)..... ▶ | 69698.37 | 81830.15 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 75538.94 | 103397.64 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 15000.00 | 15000.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 15000.00 | 15000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 6.67 | 6.67 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1000.00 | 1000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 1006.67 | 1006.67 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 91545.61 | 119404.31 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 37337.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 69698.37 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 107035.40 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 91545.61 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 15489.79 |

**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 31 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Brad Ashford for Congress

A. Full Name (Last, First, Middle Initial)
Harry Hoch Jr.

Mailing Address **PO Box 1646**

City **Grand Island** State **NE** Zip Code **68802-1646**

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

Name of Employer **H & H Distributing** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
11 / 25 / 2014

Transaction ID : VNJ61DH0RP1

Amount of Each Receipt this Period
 2600.00

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

Mailing Address **120 S 31st Ave
Apt 5806**

City **Omaha** State **NE** Zip Code **68131-1488**

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

Name of Employer **Mutual of Omaha** Occupation **Chairman & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
11 / 26 / 2014

Transaction ID : VNJ61DH0SQ1

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Abigail S. Gillick

Mailing Address **9220 Tuscan Ct**

City **Lincoln** State **NE** Zip Code **68520-1455**

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

Name of Employer **Quality Brands of Omaha** Occupation **Brands Manager**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
11 / 25 / 2014

Transaction ID : VNJ61DH0QA5

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

6200.00

**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 31 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

A. Full Name (Last, First, Middle Initial)
TRANSCANADA USA SERVICES, INC. PAC

Mailing Address 717 Texas St

City Houston State TX Zip Code 77002-2761

FEC ID number of contributing federal political committee. **C C00525055**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 29 / 2014

Transaction ID : VNJ61DHRND0

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC

Mailing Address 7261 Mercy Rd
PO BOX 3248

City Omaha State NE Zip Code 68180-0002

FEC ID number of contributing federal political committee. **C C00276311**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014

Transaction ID : VNJ61DHRNJ0

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 John F Kennedy Blvd
FI 49

City Philadelphia State PA Zip Code 19103-2855

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2014

Transaction ID : VNJ61DHRN81

Amount of Each Receipt this Period
 2500.00

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

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

8500.00

**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 31 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

A. Full Name (Last, First, Middle Initial)
Kolowski for Legislature

Mailing Address 4815 S 158th Cir

City State Zip Code
Omaha NE 68135-1105

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : VNJ61DHJCF2

Amount of Each Receipt this Period
500.00

Comprised of permissible funds

B. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17th St NW

City State Zip Code
Washington DC 20036-4709

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2014

Transaction ID : VNJ61DG YD23

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave NW

City State Zip Code
Washington DC 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2014

Transaction ID : VNJ61DHRNC3

Amount of Each Receipt this Period
5000.00

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

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

10500.00

**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 8 OF 31 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC) | | Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 |
| Mailing Address 25 Massachusetts Ave NW Ste 100 | | Transaction ID : VNJ61DHRNG4 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C C00010082 | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer | Occupation | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt General 2014 | Election Cycle-to-Date 2000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) HUSCH BLACKWELL POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014 |
| Mailing Address 4801 Main St Ste 1000 | | Transaction ID : VNJ61DHRN75 |
| City Kansas City | State MO | |
| FEC ID number of contributing federal political committee. C C00424382 | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) HDR, INC. PAC | | Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2014 |
| Mailing Address C/O COMERICA BANK, PAC SERVICES P.O. BOX 75000, MC2250 | | Transaction ID : VNJ61DHRNB5 |
| City DETROIT | State MI | |
| FEC ID number of contributing federal political committee. C C00103903 | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5000.00 | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 12000.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 31 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

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

Mailing Address **Worldwide Headquarters**
1932 WYNNNTON ROAD

City **Columbus** State **GA** Zip Code **31999-0001**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) **Debt General 2014**

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
12 / 19 / 2014

Transaction ID : VNJ61DHRNF6

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
GAVILON AGRICULTURE INVESTMENT INC POLITICAL ACTION COMMITTEE (GAVPAC)

Mailing Address **1331 Capitol Ave**

City **Omaha** State **NE** Zip Code **68102-1106**

FEC ID number of contributing federal political committee. **C C00549873**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
12 / 19 / 2014

Transaction ID : VNJ61DHRNM6

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address **777 6th St NW**
Ste 200

City **Washington** State **DC** Zip Code **20001-3707**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) **Debt General 2014**

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
12 / 26 / 2014

Transaction ID : VNJ61DHRN67

Amount of Each Receipt this Period

5000.00

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

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

11000.00

**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 31 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

Full Name (Last, First, Middle Initial)
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

A. Mailing Address 101 Constitution Ave NW
10TH FLOOR WEST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 26 / 2014

Transaction ID : **VNJ61DHRNA7**

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 800 17th St NW
Ste 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 19 / 2014

Transaction ID : **VNJ61DHRNR7**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F St NW
Ste 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014
 Election Cycle-to-Date **5000.00**

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

Transaction ID : **VNJ61DHR978**

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... **11000.00**

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

**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 11 OF 31 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1120 Connecticut Ave NW
Ste 600
City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014

Transaction ID : VNJ61DHRNE8

Amount of Each Receipt this Period
 2500.00

B. BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC

Full Name (Last, First, Middle Initial)
Mailing Address 7261 Mercy Rd
PO BOX 3248
City Omaha State NE Zip Code 68180-0002

FEC ID number of contributing federal political committee. **C C00276311**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014

Transaction ID : VNJ61DHRNK8

Amount of Each Receipt this Period
 5000.00

C. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1101 King St
Ste 600
City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2014

Transaction ID : VNJ61DHRN99

Amount of Each Receipt this Period
 2500.00

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

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

10000.00

63000.00

**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 12 OF 31 | |
| | <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)
Brad Ashford for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Kurt Gonska | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014 |
| Mailing Address 220 San Vicente Blvd Ph 109 | | Amount of Each Disbursement this Period 4500.00 Transaction ID : VNH6S9Y0EF0 |
| City Santa Monica | State CA Zip Code 90402-1567 | |
| Purpose of Disbursement strategic consulting | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Jessica Lathrop | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014 |
| Mailing Address 926 N 74th St | | Amount of Each Disbursement this Period 2000.00 Transaction ID : VNH6S9Y9DA1 |
| City Omaha | State NE Zip Code 68114-3228 | |
| Purpose of Disbursement Compliance and Bookkeeping service | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Payroll Maxx | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address 11248 John Galt Blvd | | Amount of Each Disbursement this Period 21561.90 Transaction ID : VNH6S9YC9S2 |
| City Omaha | State NE Zip Code 68137-2320 | |
| Purpose of Disbursement Payroll processing: See below | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 28061.90 |
| 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 31 |
| | <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)
Brad Ashford for Congress

Full Name (Last, First, Middle Initial)
A. Internal Revenue Service/EFTPS

Mailing Address

City: Ogden State: UT Zip Code: 84201

Purpose of Disbursement: Federal withholding

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 1530.00

Transaction ID : VNH6S9YCJNO

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Noelle M. Obermeyer

Mailing Address: 1805 N 60th St

City: Omaha State: NE Zip Code: 68104

Purpose of Disbursement: Bonus compensation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 6107.81

Transaction ID : VNH6S9YC9Z0

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
c. James M Rogers

Mailing Address: 4207 Grover St

City: Omaha State: NE Zip Code: 68105-3828

Purpose of Disbursement: Bonus compensation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 6047.98

Transaction ID : VNH6S9YC9Y2

[MEMO ITEM]
*

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 31 | | |
| | <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)
Brad Ashford for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. NE Department of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address PO Box 98915 | | Amount of Each Disbursement this Period 644.84 |
| City Lincoln | State NE Zip Code 68509-8915 | |
| Purpose of Disbursement State withholding | Category/Type | Transaction ID : VNH6S9YC9X4 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service/EFTPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 3252.86 |
| City Ogden | State UT Zip Code 84201 | |
| Purpose of Disbursement Federal withholding | Category/Type | Transaction ID : VNH6S9YC9W6 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Internal Revenue Service/EFTPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 3307.18 |
| City Ogden | State UT Zip Code 84201 | |
| Purpose of Disbursement Federal withholding | Category/Type | Transaction ID : VNH6S9YCD7 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| 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 31 | | | |
| | <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)
Brad Ashford for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Payroll Maxx | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address 11248 John Galt Blvd | | Amount of Each Disbursement this Period 8948.61 |
| City Omaha | State NE Zip Code 68137-2320 | |
| Purpose of Disbursement Payroll processing | Candidate Name | Transaction ID : VNH6S9YC9V8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] * |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. NE Department of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address PO Box 98915 | | Amount of Each Disbursement this Period 639.33 |
| City Lincoln | State NE Zip Code 68509-8915 | |
| Purpose of Disbursement State withholding | Candidate Name | Transaction ID : VNH6S9YCJC9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] * |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Payroll Maxx | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 11248 John Galt Blvd | | Amount of Each Disbursement this Period 8948.61 |
| City Omaha | State NE Zip Code 68137-2320 | |
| Purpose of Disbursement Payroll processing: See below | Candidate Name | Transaction ID : VNH6S9Y0983 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8948.61 |
| 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 31 | |
| | <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)
Brad Ashford for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Laura Kraft | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 9746 Cady Ave | | Amount of Each Disbursement this Period 2250.40 |
| City Omaha | State NE Zip Code 68134-5644 | |
| Purpose of Disbursement Bonus compensation | Candidate Name | Transaction ID : VNH6S9Y09E0 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] * |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Payroll Maxx | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 11248 John Galt Blvd | | Amount of Each Disbursement this Period 33.60 |
| City Omaha | State NE Zip Code 68137-2320 | |
| Purpose of Disbursement Payroll service | Candidate Name | Transaction ID : VNH6S9Y0991 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] * |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) c. NE Department of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address PO Box 98915 | | Amount of Each Disbursement this Period 175.71 |
| City Lincoln | State NE Zip Code 68509-8915 | |
| Purpose of Disbursement State withholding | Candidate Name | Transaction ID : VNH6S9YCJG1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] * |

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| 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 17 OF 31 | |
| | <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)
Brad Ashford for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Noelle M. Obermeyer | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 1805 N 60th St | | Amount of Each Disbursement this Period 2146.06 |
| City Omaha | State NE Zip Code 68104 | |
| Purpose of Disbursement Salary - Fundraising for 2014 debt relief | | Transaction ID : VNH6S9Y09D2 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | [MEMO ITEM] * |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service/EFTPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 823.89 |
| City Ogden | State UT Zip Code 84201 | |
| Purpose of Disbursement Federal withholding | | Transaction ID : VNH6S9YCJF3 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | [MEMO ITEM] * |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Internal Revenue Service/EFTPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 1338.32 |
| City Ogden | State UT Zip Code 84201 | |
| Purpose of Disbursement Federal withholding | | Transaction ID : VNH6S9YCJK4 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | [MEMO ITEM] * |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

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| 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 18 OF 31 | | | |
| | <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)
Brad Ashford for Congress

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) A. NE Department of Revenue | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address PO Box 98915 | | | Amount of Each Disbursement this Period 152.83 |
| City Lincoln | State NE | Zip Code 68509-8915 | Transaction ID : VNH6S9YCJJ6 |
| Purpose of Disbursement State withholding | | Category/ Type | |
| Candidate Name | | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) B. NE Department of Revenue | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address PO Box 98915 | | | Amount of Each Disbursement this Period 90.87 |
| City Lincoln | State NE | Zip Code 68509-8915 | Transaction ID : VNH6S9Y09B7 |
| Purpose of Disbursement State withholding | | Category/ Type | |
| Candidate Name | | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) c. Zachary Andrews | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 95 Cascade Dr | | | Amount of Each Disbursement this Period 1493.37 |
| City Battle Creek | State MI | Zip Code 49015-3507 | Transaction ID : VNH6S9Y09F8 |
| Purpose of Disbursement Bonus compensation | | Category/ Type | |
| Candidate Name | | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

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| 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 31 | | | |
| | <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)
Brad Ashford for Congress

A. Internal Revenue Service/EFTPS

Full Name (Last, First, Middle Initial)
Mailing Address

City: Ogden State: UT Zip Code: 84201

Purpose of Disbursement: Federal withholding

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 415.76

Transaction ID : VNH6S9Y09A9

[MEMO ITEM]
*

B. Kurt Gonska

Full Name (Last, First, Middle Initial)
Mailing Address: 220 San Vicente Blvd Ph 109

City: Santa Monica State: CA Zip Code: 90402-1567

Purpose of Disbursement: Bonus Compensation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 26 / 2014

Amount of Each Disbursement this Period: 15000.00

Transaction ID : VNH6S9Y9D93

C. Unionist Printing

Full Name (Last, First, Middle Initial)
Mailing Address: 1309 NW Radial Hwy

City: Omaha State: NE Zip Code: 68132-1721

Purpose of Disbursement: Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 1167.91

Transaction ID : VNH6S9YC9F3

SUBTOTAL of Disbursements This Page (optional) 16167.91

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 31 | | |
| | <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)
Brad Ashford for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NGP VAN, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address 1101 15th St NW | | Amount of Each Disbursement this Period 2640.00 Transaction ID : VNH6S9Y4YH3 |
| City Washington | State DC | |
| Zip Code 20005-5006 | Purpose of Disbursement Database services | 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) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Nebraska Democratic Party | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014 |
| Mailing Address 421 S 9th St Ste 233 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : VNH6S9YC9R5 |
| City Lincoln | State NE | |
| Zip Code 68508-2245 | Purpose of Disbursement Voterfile access | Category/Type |
| Candidate Name Nebraska Democratic Party | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Payroll Maxx | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address 11248 John Galt Blvd | | Amount of Each Disbursement this Period 3259.70 Transaction ID : VNH6S9YCA16 |
| City Omaha | State NE | |
| Zip Code 68137-2320 | Purpose of Disbursement Payroll processing: See below | Category/Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7899.70 |
| 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 21 OF 31 | |
| | <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)
Brad Ashford for Congress

Full Name (Last, First, Middle Initial)
A. Internal Revenue Service/EFTPS

Mailing Address

City: Ogden State: UT Zip Code: 84201

Purpose of Disbursement: Federal tax withholding

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 930.61

Transaction ID : VNH6S9YCA31

[MEMO ITEM]
*

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

Mailing Address: 11248 John Galt Blvd

City: Omaha State: NE Zip Code: 68137-2320

Purpose of Disbursement: Payroll processing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 30.20

Transaction ID : VNH6S9YCA24

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
c. Noelle M. Obermeyer

Mailing Address: 1805 N 60th St

City: Omaha State: NE Zip Code: 68104

Purpose of Disbursement: Salary - fundraising for 2014 Debt Relief

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 2146.06

Transaction ID : VNH6S9YCA57

[MEMO ITEM]
*

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 31 | | |
| | <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)
Brad Ashford for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NE Department of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address PO Box 98915 | | Amount of Each Disbursement this Period 9,999.99 152.83 |
| City Lincoln | State NE Zip Code 68509-8915 | |
| Purpose of Disbursement State tax withholding | | Transaction ID : VNH6S9YCA49 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] * |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. PhRMA | | Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014 |
| Mailing Address 950 F St NW Ste 300 | | Amount of Each Disbursement this Period 9,999.99 810.00 |
| City Washington | State DC Zip Code 20004-1440 | |
| Purpose of Disbursement Reimbursement for tickets purchased for fundraising event | | Transaction ID : VNH6S9YC9E6 |
| 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) | Category/Type |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Kully Hall LLC | | Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014 |
| Mailing Address 159 S Jackson St Ste 400 | | Amount of Each Disbursement this Period 9,999.99 8860.43 |
| City Seattle | State WA Zip Code 98104-4435 | |
| Purpose of Disbursement Media Production | | Transaction ID : VNH6S9YC9Q7 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Category/Type |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9670.43 |
| 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 31 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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)
Brad Ashford for Congress

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Kurt Gonska | | Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014 |
| Mailing Address 220 San Vicente Blvd Ph 109 | | Amount of Each Disbursement this Period 4500.00 |
| City Santa Monica | State CA Zip Code 90402-1567 | |
| Purpose of Disbursement Strategic consulting | Candidate Name | Transaction ID : VNH6S9Y9DB9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|---|----------------|---|
| Full Name (Last, First, Middle Initial) B. | | 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 | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|---|----------------|---|
| 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 | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4500.00 |
| TOTAL This Period (last page this line number only)..... | 75248.55 |

**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 31 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Brad Ashford for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Brad Ashford | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014 |
| Mailing Address 7926 Shirley Cir | | Amount of Each Disbursement this Period 15000.00 |
| City Omaha | State NE Zip Code 68124-1447 | |
| Purpose of Disbursement Repayment of loan | | Transaction ID : VNH6S9Y7YJ5 |
| Candidate Name The Hon. Brad Ashford | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Category/ Type |
| State: NE District: 02 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | 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: | | |

| | | |
|--|--|---|
| 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)..... | 15000.00 |
| TOTAL This Period (last page this line number only)..... | 15000.00 |

**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 25 OF 31 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Brad Ashford for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. TRANSCANADA USA SERVICES, INC. PAC | | Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014 |
| Mailing Address 717 Texas St | | Amount of Each Disbursement this Period 1000.00 |
| City Houston State TX Zip Code 77002-2761 | Purpose of Disbursement Refund of contribution | |
| Candidate Name TRANSCANADA USA SERVICES, INC. PAC | | Transaction ID : VNH6S9YC9C0 |
| 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: _____ | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | 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 | |
| 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: _____ | Category/Type | |

| | | |
|--|--|---|
| 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 | |
| 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: _____ | Category/Type | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 1000.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Brad Ashford for Congress** Transaction ID : **VNJ61D4EX42L**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Ashford | [PERSONAL FUNDS] | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 7926 Shirley Cir | | |

| | | |
|-------|-------|------------|
| City | State | ZIP Code |
| Omaha | NE | 68124-1447 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 15000.00 | 15000.00 | 0.00 |

TERMS

| | | | |
|------------------------|-----------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 09 / D 17 / Y 2014 Y | M M / D D / Y Y Y Y Y | none % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|------|
| SUBTOTALS This Period This Page (optional)..... | 0.00 |
| TOTALS This Period (last page in this line only)..... | 0.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VNJ61D4EX42L

Personal loan from candidate

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Brad Ashford for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
James M Rogers

Mailing Address 4207 Grover St

City State Zip Code
Omaha NE 68105-3828

Nature of Debt (Purpose):
Bonus compensation

Outstanding Balance Beginning This Period **10000.00** Transaction ID : VNF899HAD11

Amount Incurred This Period **0.00** Payment This Period **10000.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Zachary Andrews

Mailing Address 95 Cascade Dr

City State Zip Code
Battle Creek MI 49015-3507

Nature of Debt (Purpose):
Bonus compensation

Outstanding Balance Beginning This Period **2000.00** Transaction ID : VNF899HADR1

Amount Incurred This Period **0.00** Payment This Period **2000.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Noelle M. Obermeyer

Mailing Address 1805 N 60th St

City State Zip Code
Omaha NE 68104

Nature of Debt (Purpose):
Bonus compensation

Outstanding Balance Beginning This Period **10000.00** Transaction ID : VNF899HAD03

Amount Incurred This Period **0.00** Payment This Period **10000.00** Outstanding Balance at Close of This Period **0.00**

| | |
|--|-------------|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 29 OF 31 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Brad Ashford for Congress

| | | |
|--|---------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Laura Kraft | | Nature of Debt (Purpose): Bonus compensation |
| Mailing Address 9746 Cady Ave | | |
| City State | Zip Code | |
| Omaha | NE 68134-5644 | |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : VNF899HADQ3 | |
| <input type="text" value="3250.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="3250.00"/> | <input type="text" value="0.00"/> |

| | | |
|---|---------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kully Hall LLC | | Nature of Debt (Purpose): Media production |
| Mailing Address 159 S Jackson St Ste 400 | | |
| City State | Zip Code | |
| Seattle | WA 98104-4435 | |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : VNF899HACZ5 | |
| <input type="text" value="8860.43"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="8860.43"/> | <input type="text" value="0.00"/> |

| | | |
|--|-------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kurt Gonska | | Nature of Debt (Purpose): Strategic Consulting |
| Mailing Address 220 San Vicente Blvd Ph 109 | | |
| City | State | Zip Code |
| Santa Monica | CA | 90402-1567 |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : VNF899HAD37 | |
| <input type="text" value="4500.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="4500.00"/> | <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VNF899HACZ5

Amount due for final media buys before Election Day 2014

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Brad Ashford for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kurt Gonska

Mailing Address 220 San Vicente Blvd
 Ph 109

City State Zip Code
 Santa Monica CA 90402-1567

Nature of Debt (Purpose):
 Bonus compensation

Outstanding Balance Beginning This Period **Transaction ID : VNF899HAD29**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nebraska Democratic Party

Mailing Address 421 S 9th St
 Ste 233

City State Zip Code
 Lincoln NE 68508-2245

Nature of Debt (Purpose):
 Voterfile Access

Outstanding Balance Beginning This Period **Transaction ID : VNF899HAE79**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="0.00"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |