



Tyler Hall <[tyler@takeactionminnesota.onmicrosoft.com](mailto:tyler@takeactionminnesota.onmicrosoft.com)> on 10/03/2014 08:24:13 PM

To: "2022190174@fec.gov" <[2022190174@fec.gov](mailto:2022190174@fec.gov)>,  
cc:

Subject: FEC Form 5 filing - Take Action Minnesota - Al Franken MN Senate Race

Thanks

Tyler Hall  
Operations Manager  
TakeAction Minnesota  
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FEC Form 5 - TakeAction Minnesota 10.3.14 - Franken MN Senate Race.pdf

10/3/2014 8:24:13 PM

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <u>Take Action Minnesota</u>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>705 Raymond Ave #100</u>	
(c) City, State and ZIP Code <u>St Paul MN 55114</u>	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number <u>C</u>

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

5. COVERING PERIOD:

FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS .....  25,000.00

7. TOTAL INDEPENDENT EXPENDITURES .....  13,478.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Tyler Hall

Tyler Hall

10/3/14

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

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE 2 OF 19

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 FILER (In Full) Tyler Hall

A. Full Name (Last, First, Middle Initial) <u>Win Minnesota</u>		Date of Receipt <u>09 / 17 / 2014</u>
Mailing Address <u>1600 University Ave W suite 309C</u>		Amount of Each Receipt this Period <u>25,000.00</u>
City <u>St. Paul</u>	State Zip Code <u>MN 55104</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional) .....  
 TOTAL This Period (last page carry total to Line 6) ..... 25,000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ciesielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>10' 03' 2014</u>
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>313.08</u>
City <u>Minneapolis</u>	State <u>MN</u>	
Zip Code <u>55413</u>		
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Ciesielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>10' 03' 2014</u>
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>562.57</u>
City <u>Minneapolis</u>	State <u>MN</u>	
Zip Code <u>55413</u>		
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Corrales, Winona</u>		Date of Public Distribution/Dissemination <u>10' 03' 2014</u>
Mailing Address <del>1710 Johnson St. NE</del> <u>123 South 67th Ave W</u>		Amount <u>98.00</u>
City <del>Minneapolis</del> <u>Duluth</u>	State <u>MN</u>	
Zip Code <del>55413</del> <u>55806</u>		
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>973.61</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>973.61</u>

FROM PAGE 1

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Larson, Hanna</u>		Date of Public Distribution/Dissemination <u>10 ' 03 ' 2014</u>	
Mailing Address <u>2108 Clark Ct</u>		Amount <u>32.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ongador, Chiburkem</u>		Date of Public Distribution/Dissemination <u>10 ' 03 ' 2014</u>	
Mailing Address <u>929 E 5<sup>th</sup> St.</u>		Amount <u>228.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Rutherford, Karla</u>		Date of Public Distribution/Dissemination <u>10 ' 03 ' 2014</u>	
Mailing Address <u>408 Clark Ct</u>		Amount <u>32.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>294.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>1,267.61</u>

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Smith, Debra</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>5 N 63<sup>rd</sup> Ave W</u>		Amount <u>32.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55807</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Soderlund, Courtney</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>2609 W 2<sup>nd</sup> St.</u>		Amount <u>98.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Williams, Jason</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>4746 Mutterhorn Cr</u>		Amount <u>65.33</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>196.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>1,463.61</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Bowen, Brad</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>409 Farrell Rd</u>		Amount <u>98.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Cresielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1710 Johnson St NE</u>		Amount <u>448.72</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Lewis, Jonah</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address		Amount <u>98.00</u>	
City	State	Zip Code	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>644.72</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>2,108.33</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ongedor, Chibuike</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>929 E 5th St. Apt. #3</u>		Amount <u>196.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Rutherford, Karla</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>408 Clark Ct.</u>		Amount <u>199.00</u>	
City <u>Duluth MN</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Schwinghammer, Jason</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>219 11th Ave N</u>		Amount <u>99.00</u>	
City <u>Waite Park</u>	State <u>MN</u>	Zip Code <u>56381</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>494.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>2,602.33</u>



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Smith, Debra</u>		Date of Public Distribution/Dissemination <u>10' 03' 2014</u>	
Mailing Address <u>5 N 63<sup>rd</sup> Ave W</u>		Amount <u>196.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55807</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Soderlund, Courtney</u>		Date of Public Distribution/Dissemination <u>10' 03' 2014</u>	
Mailing Address <u>2609 W 2<sup>nd</sup> St.</u>		Amount <u>123.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Tolessa, Genechis</u>		Date of Public Distribution/Dissemination <u>10' 03' 2014</u>	
Mailing Address <u>626 E 5<sup>th</sup> St.</u>		Amount <u>133.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>453.33</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>3,055.66</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ferguson, Gordon</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>896 Sherburne Ave</u>		Amount <u>788.11</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55104</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Abram, Aaron</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1002 Emerson Ave N</u>		Amount <u>163.33</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55411</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Campbell, Trevor</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>3851 Thomas Ave N</u>		Amount <u>98.00</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55412</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>1,049.44</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>4,105.10</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Erickson, Alisa</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>2137 Mount View Ave</u>		Amount <u>452.12</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55405</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Jiro, Ayano</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1306 Mississippi St. Apt #3</u>		Amount <u>353.33</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55130</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Manning, Michael</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1116 Ashland Ave Apt 3</u>		Amount <u>32.67</u>	
City <u>Saint Paul</u>	State <u>MN</u>	Zip Code <u>55109</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>838.12</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>4,943.52</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Morzenti, Jason</u>		Date of Public Distribution/Dissemination <u>10/03/2014</u>	
Mailing Address <u>894 Lafond Ave</u>		Amount <u>385.60</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55109</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ross, Laura</u>		Date of Public Distribution/Dissemination <u>10/03/2014</u>	
Mailing Address <u>2070 22nd Ave S #107</u>		Amount <u>410.27</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55409</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Bowen, Brad</u>		Date of Public Distribution/Dissemination <u>10/03/2014</u>	
Mailing Address <u>409 Farrell Rd</u>		Amount <u>196.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55811</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>991.87</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>5,935.39</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ciesielezyk, Kevin</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>498.67</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Lewis, Jouch</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1029 W 2nd St.</u>		Amount <u>98.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Omyador, Chibuikem</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>929 E 5th St Apt #3</u>		Amount <u>196.00</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>742.67</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>6,678.05</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**Tyler Hall**

Full Name (Last, First, Middle Initial) of Payee <b>Rutherford, Karla</b>		Date of Public Distribution/Dissemination <b>10' 03' 2014</b>	
Mailing Address <b>408 Clark Ct.</b>		Amount <b>199.00</b>	
City <b>Deluth</b>	State <b>MN</b>	Zip Code <b>55811</b>	
Purpose of Expenditure <b>Salary + Benefits</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Al Franken</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Smith, Debra</b>		Date of Public Distribution/Dissemination <b>10' 03' 2014</b>	
Mailing Address <b>5 N 63rd Ave W</b>		Amount <b>196.00</b>	
City <b>Deluth</b>	State <b>MN</b>	Zip Code <b>55807</b>	
Purpose of Expenditure <b>Salary + Benefits</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Al Franken</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Schwinghammer, Jason</b>		Date of Public Distribution/Dissemination <b>10' 03' 2014</b>	
Mailing Address <b>214 11th Ave N</b>		Amount <b>99.00</b>	
City <b>Wate Park</b>	State <b>MN</b>	Zip Code <b>56381</b>	
Purpose of Expenditure <b>Salary + Benefits</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Al Franken</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>494.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>7,172.05</b>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Soderlund, Courtney</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>2609 W 2<sup>nd</sup> St. Apt 1</u>		Amount <u>123.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55806</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Tolesse, Genechis</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>626 E 5<sup>th</sup> St.</u>		Amount <u>133.67</u>	
City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55805</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ferguson, Gordon</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>896 Sherburne Ave</u>		Amount <u>788.11</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55104</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>1,045.44</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>8,217.49</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Abram, Aaron</u>		Date of Public Distribution/Dissemination M M ' D D ' Y Y Y Y <u>10</u> ' <u>03</u> ' <u>2014</u>	
Mailing Address <u>1000 Emerson Ave N</u>		Amount <u>163.33</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55411</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Campbell, Trevor</u>		Date of Public Distribution/Dissemination M M ' D D ' Y Y Y Y <u>10</u> ' <u>03</u> ' <u>2014</u>	
Mailing Address <u>3851 Thomas Ave N</u>		Amount <u>98.00</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55412</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ericksen, Aissa</u>		Date of Public Distribution/Dissemination M M ' D D ' Y Y Y Y <u>10</u> ' <u>03</u> ' <u>2014</u>	
Mailing Address <u>2137 Mountain View Ave</u>		Amount <u>452.12</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55405</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>713.75</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>8,931.24</u>



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Jim, Ayano</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1306 Mississippi St.</u>		Amount <u>353.33</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55120</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Manning, Michael</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>1116 Ashland Ave</u>		Amount <u>32.67</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55109</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Morzetti, Jason</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>	
Mailing Address <u>899 Leland Ave</u>		Amount <u>385.60</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55109</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>771.60</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>9,702.84</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Ross, Laura</u>		Date of Public Distribution/Dissemination <u>10 03 2014</u>	
Mailing Address <u>2000 20<sup>th</sup> Ave S #107</u>		Amount <u>410.27</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55405</u>	
Purpose of Expenditure <u>Salary + Benefits</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Ciesielczyk, Kevin</u>		Date of Public Distribution/Dissemination <u>10 03 2014</u>	
Mailing Address <u>1710 Johnson St. NE</u>		Amount <u>554.99</u>	
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55413</u>	
Purpose of Expenditure <u>Employer Expenses</u> <del>Salary + Benefits</del>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Seven Corners Printing</u>		Date of Public Distribution/Dissemination <u>10 03 2014</u>	
Mailing Address <u>1099 Snelling Ave N 55108</u>		Amount <u>966.83</u>	
City <u>St. Paul</u>	State <u>MN</u>	Zip Code <u>55108</u>	
Purpose of Expenditure <u>Printing</u> <del>Salary + Benefits</del>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>1,931.54</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>11,634.38</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Take Action Minnesota</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>
Mailing Address <u>705 Raymond Ave # 100</u>		Amount <u>52.08</u>
City <u>St. Paul</u>	State <u>MN</u> Zip Code <u>55114</u>	
Purpose of Expenditure <u>Rent + Phones</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Take Action Minnesota</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>
Mailing Address <u>705 Raymond Ave # 100</u>		Amount <u>240.12</u>
City <u>St. Paul</u>	State <u>MN</u> Zip Code <u>55114</u>	
Purpose of Expenditure <u>Rent + Phones</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Impact Printing</u>		Date of Public Distribution/Dissemination <u>10'03'2014</u>
Mailing Address <u>1067 Rice St.</u>		Amount <u>30.19</u>
City <u>St. Paul</u>	State <u>MN</u> Zip Code <u>55117</u>	
Purpose of Expenditure <u>Printing</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>322.34</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>11,956.72</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) Tyler Hall

Full Name (Last, First, Middle Initial) of Payee <u>Enterprise Rental Car</u>	Date of Public Distribution/Dissemination <u>10'03'2014</u>
Mailing Address	Amount <u>660.10</u>
City State Zip Code	

Purpose of Expenditure <u>Rental Car</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Apple.com</u>	Date of Public Distribution/Dissemination <u>10'03'2014</u>
Mailing Address	Amount <u>861.30</u>
City State Zip Code	

Purpose of Expenditure <u>ipods for caucus staff</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Al Franken</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>1,521.90</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>13,478.18</u>

