

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

To:

"2022190174@fec.gov" <2022190174@fec.gov>,

cc:

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

Thanks

Tyler Hall
Operations Manager
TakeAction Minnesota
tyler@takeactionminnesota.org

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FEC Form 5 - TakeAction Minnesota 10.3.14 - Franken MN Senate Race.pdf

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation	1
(b) Address (number and street) check if different than previously reported	
——————————————————————————————————————	
765 Raymond Auc #100	
(c) City, State and ZIP Code State and ZIP Code 2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report	
October 15 Quarterly Report	
☐ January 31 Year-End Report	
Las dantary of roar End Hoport	
b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM THROUGH THROUGH	
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	13.47.8.18
Under penalty of perfury I certify that the independent expenditures reported herein were not made in cooperation, consultation 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
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

TEMIZED RECEIPTS		PAGE OF
any information copied from such Reports	and Statements may not be sold or used by any peng the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF FILER (In Full)		TO SOURCE HOLD GOOD CONTINUED.
<u> </u>	Tyler Hall	
Full Name (Last, First, Middle Initial) Mailing Address	5 da 200	Date of Receipt
City St D 1	State Zip Code	07 16 7 20 6 7
FEC ID number of contributing federal political committee.	MU 55104	Amount of Each Receipt this Period 25.000.00
Name of Employer	Occupation	<u> </u>
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		The Alicense Communication represents the service of the service o
Name of Employer Full Name (Last, First, Middle Initial)	Occupation	
Mailing Address		Date of Receipt
City	State Zlp Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		The second of the design of the second of th
Name of Employer	Occupatio	n
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MAN / DAD / VAVAVA
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer	Occupatio	n
SUBTOTAL of Receipts This Page (option	nal)	igen i o jelige kom metako kojekojekojekojekojekojekojekojekojekoje
TOTAL This Period (last page carry total	to Line 6)	- > 25,000°°

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE Z OF 9
NAME OF FILER (In Full)	
Tyler Hall	
Full Name (Last, First, Middle InItial) of Payee	Date of Public Distribution/Dissemination
Ciesielczyk, Keuin	10'83'5014
1710 Johnson St. NE	Amount
City Minner ports, State Zip Code 55413	313.08
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Ciesielczyk, Kevin	— 10°63°56°14
1710 Johnson St. NE	Amount
Mincros by State Zip Code Mincros by S5413	, , , 562.57
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate President
Name of Federal Candidate Supported or Opposed by Expenditure: A Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address Wilhold	Ve W Amount
City State Zip Code 558	706
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	**************************************
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE 4- OF 19 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)	
Tyler Hall	
Full Name (Last, First, Middle Initlal) of Payee	Date of Public Distribution/Dissemination
Mailing Address Hanna	10 03 0014
2108 Clark Ct	Amount
City Duluth State Zip Code 55811	32.67
Purpose of Expenditure Category/	Office Sought: House State: MN
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
Al Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Onyeador, Chibuiken Mailing Address	[0'03'0014]
929 F 5th St.	Amount
City State Zip Code MN 55885	7, 3, 8, 6, 7
Purpose at Expenditure Salary & Benefits Category/ Type:	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Al Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Rotherford, Karla	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
408 Clark CA	Amount
City De Luth MN 55811	32.67
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: A Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	79400
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	. 1,267.61

	HEDULE 5-E MIZED INDEPENDENT EXPENDITURES	PAGE SOF 9
NAN	ME OF FILER (In Full)	
	1910 (40)	·
T	Full Name (Last, First, Middle InItial) of Payee	Date of Public Distribution/Dissemination
-	Snith, Debra Mailing Address	_ 10'83'2614
-	5 N 63" AL W	Amount
	Diff State ZIp Code 55807	50.6.7
	Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN
}	Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	Al Franken	Check One: Support Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
	Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	Soderlund, Courtney	10/03/2014
	Mailing Address X609 W 34	Amount
	City State Zip Code De lith MW 55806	18.00
	Purpose of Expenditure Salary & Benefits Category/ Type:	Office Sought: House State: MN Senate District:
	Name of Federal Candidate Supported or Opposed by Expenditure: Al Franken	Check One: Support Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
	Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	Williams, Icson Mailing Address	(0'03'50'4
	4746 Mutterhorn Cr	Amount
	City State Zip Code D-1-th MV 55811	65.3 3
	Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
	Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
٠.	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	196.08
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	1,463.61

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF 9
NAME OF FILER (In Full)	
Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Bowen, Brad	10'83'2814
Mailing Address 409 Farrell Rd	Amount
City Del-th State Zip Code MN 55811	98.00
Purpose of Expenditure Salary & Benefits Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Al Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought , , ,	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Ciesielczyk, Kevin	10'03'3014
1710 Johnson St. NE	Amount
City State Zip Code Minneapolis MN 5543	,448.72
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Faderal Candidate Supported or Opposed by Expenditure: At Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Lewis, Jonah Mailing Address	(P) o c ' c o ' o j
	Amount
City State Zip Code	18.00
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: H Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	644.72
(b) SUBTOTAL of Unitermized Independent Expenditures	The state of the s
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	, 2,108.33

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 9
NAME OF FILER (In Full)	
1. Ther Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Ongeador, Chibriken	10'03'00(4
929 E 5th St. Apt. #3	Amount
City State Zip Code WW S \$ 805	19600
Purpose of Expenditure Category/ O	Office Sought: House State: MN
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
Al Franken c	Check One: Support Dppose
Calendar Year-To-Date Per Election for Office Sought , , , , , , , , , , , ,	Olsbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Retherford, Karla	- 10'6\$'5014
408 Clark Ct.	Amount
City Deleth MN State Zip Code State Zip Code	, , (99.00
	Office Sought: House State: MN Senate District:
Name of Foderal Candidate Supported or Opposed by Expenditure: Al Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Schwinghammer , Jason	(0'03')014
Mailing Address 3	Amount
City State Zip Code Waite Park M 56381	99.00
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	, ,494.00
(b) SUBTOTAL of Uniternized Independent Expenditures	m ►
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	, 2,602.33

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF 9
NAME OF FILER (In Full)	
Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Snith, Debra Malling Address	10 03 50 14
5 N 63rd Are W	Amount
City State Zip Code Duluth MW 55807	, , 196.00
Purpose of Expenditure Category/ O	ffice Sought: House State: MN
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
	heck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	isbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Soderland, Courtney Mailling Address	100370014
2609 W 2 8t.	Amount
City Deleth MN 55806	, , , , , , , , , , , , , , , , , , , ,
	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Olsbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Tolessa, Genechis	10'03'5014
(2)6 E 5 ⁴⁶ St	Amount
City State Zip Code MN 55805	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: A Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	45333
(b) SUBTOTAL of Uniternized Independent Expenditures	······································
(c) TOTAL independent Expenditures (carry total from last page forward to Line 7)	, 3,055.66

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 19 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)	
Full Name (Last, First, Middle Initial) of Payee Ferguson, Goodon	Date of Public Distribution/Dissemination
Mailing Address Sherburne Ave	Amount
St. Paul State Zip Code MN 55104	.788.1.1
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee.	Date of Public Distribution/Dissemination
Abram Aaron Malling Address	100030014
(002 Emersion Ave N	Amount
City State Zip Code Minner polis MV 55411	, , [63.33
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate President
Name of Edderal Candidate Supported or Opposed by Expenditure: Al Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address Mailing Address	10 83 3014
3851 Thomas Auc N	Amount
City State Zip Code Minerpolis MV 55/112	, 98.00
Purpose of Expenditure Socion + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: However the Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	, 1,049.44
(b) SUBTOTAL of Uniternized Independent Expenditures	 Interpretation of the property of
(c) TOTAL Independent Expenditures	4,105.10

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURE	ES .	PAGE O OF 9 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)	Tyler Hall	·
Full Name (Last, First, Middle Initial) of Payee Ercksun, Hisa Mailing Address		Date of Public Distribution/Dissemination
2137 Mount View City Minnerpolis	State Zip Code MN 55405	Amount , , 452.12
Purpose of Expenditure Salary + Benefits Name of Federal Candidate Supported or Oppose	Category/ Type	Office Sought: House Stale: MN Senate District: President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	,	Check One: Support Oppose Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mailing Address 1336 MT551557 ppi	St. Apt #3	Date of Public Distribution/Dissemination Anount
City Minneapolis Purpose of Expanditure Salary & Bene-Cits Name of Federal Candidate Supported or Oppo		Office Sought: House State: MN Senate President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Manny Mizhe Mailing Address Ille Ashland Ar City Sand Pay	rel LL Apt 3 State Zip Code Mi 56107	Date of Public Distribution/Dissemination "(0 83 567) Amount
Purpose of Expenditure Salary + Benefits Name of Federal Candidate Supported or Opp H Franken	Category/ Type	Office Sought: House State: MN Senate District: President Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Hollemized Independent Expen		The state of the s
(b) SUBTOTAL of Uniternized Independent Exp (c) TOTAL Independent Expenditures(carry total from last page forward to		 The stage of the control of the contro

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	PAGE OF PAGE FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)	
Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	<u> </u>
894 Latond Ave	Amount
State Zip Code MW 55104	, 385.60
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Koss, Laura Malling Address	03/2014
2070 02" ALC S #107	Amount
City State Zip Code Minegastis MN 55404	, 410,27
Purpose of Expenditure Salary 1 Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Carididate Supported or Opposed by Expenditure: A Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Bowen, Brad Malling Address	1 0 03 0014
409 Farrell Rd	Amount
City State Zip Code MN SSX[1	, , , , , , , , , , , , , , , , , , , ,
Purpose of Expenditure Salary + Benefits Category/ Type	State: 200
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of itemized independent Expenditures	, 991.87
(b) SUBTOTAL of Unitemized Independent Expenditures	The street was a street of the
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	, 5,9 35.39

CHEDULE 5-E EMIZED INDEPENDENT EXPENDITURES	FOR LINE 7 OF FORM 5
AME OF FILER (In Full) Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Ciesielczyk, Keuin Mailing Address	10'03'0014
1710 Johnson St. NE	Amount
City State Zip Code Minnec post 3 W 55ell3 Purpose of Expenditure Category/ Salcoy & Benefits	, , , 498.67
Purpose of Expenditure Category/	Office Sought: House State: MN
Salary & Benefits Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District.
Al Franken	Check One: Support Doppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle InItial) of Payee	Date of Public Distribution/Dissemination
	·
Malling Address	(0 0 3 1 2 0 1 4
1029 W 2m St-	Amount
Dith Slate Zip Code 55806	, 98.00
Purpose of Expenditure Salary & Benefits Category/ Type:	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: A Franken	Check One: Support Oppose
Calendar Yéar-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Ouyendor, Chibriken	
Mailing Address	10 03 2014
929 E 5th St Apt #3	Amount
City State Zip Code SS 805	196.0
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: M
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
At Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	,742.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	, 6,678.05

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	PAGE 2 OF 9 FORM 5
NAME OF FILER (In Full)	
Tyler-Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Kuthford, Karla Mailling Address	— (8° 83' 3° 14'
408 Clark Ct.	Amount
City State Zip Code 55811	, 19900
Purpose of Expenditure Salary & Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Smith Delora Malling Address	
5 M G3rd Ave W	Amount
Oity State Zip Code Deloth My 55807	, , (96.00
Purpose of Expenditure Salary & Benefits Name of Finderal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: MN Senate President
Al Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursernent For: Primary General Other (specify)
Full Name (Last, First, Middle Initlal) of Payee	Date of Public Distribution/Dissemination
Schulaglanmer Jason	10 63 3014
Mailing Address	Amount
City State Zip Code Wayte Dark MN 56371	99.50
Purpose of Expenditure Salary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	· , 494.00
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	7,172.05

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE 1 OF 9 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full) Tyler Hall	·
Full Name (Last, First, Middle Initial) of Payee Soderland, Courtney Mailing Address	Date of Public Distribution/Dissemination
City Deleth W 35806	Amount , , , 1 3 3 . 6 7
	House State: MN Senate District:
<u> </u>	isbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Tolessa, Gemech 75 Mailing Address	Date of Public Distribution/Dissemination
Codo E 5th St. City Duluth MN 55805.	Amount , , , 133.67
Purpose of Expenditure Salary & Benefits Name of Faderal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: MN Senate President Check One: Support Oppose
	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payer Feron Son, Gardon Mailing Address 896 Sherburne Auc City State Zip Code	Date of Public Distribution/Dissemination Amount
Purpose of Expenditure Salary + Benefits Name of, Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: MN Senate President District:
	Check One: Support Oppose Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1,017,017
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	 A section of the control of the contro

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF 9
NAME OF FILER (In Full)	FOR LINE 7 OF FORM 5
Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Abran, Aaron Mailing Address	10 03 2014
1000 Emesson Are N	Amount
City State Zip Code Municipality SSYLL	, , , (63.33
	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle InItial) of Payee	Date of Public Distribution/Dissemination
Malling Address Treval	- 10°03°50°14
3851 Thomas Ave N	Amount
City State Zip Code Minneapolis MN 55712	, 98.00
Salary & Benefits Type	Office Sought: House State: MN Senate District:
Name of Figure Candidate Supported or Opposed by Expenditure: At Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initiat) of Payee	Date of Public Distribution/Dissemination
Mailing Address Al759	- 10°63'2014
2137 Mountain View Au	Amount
City State Zip Code Minneapolis M 55405	, 452.12
Purpose of Expenditure Sociary + Benefits Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: At Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	8,931,24

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	3			PAGE CO.	OF FORM 5
NAME OF FILER (In Full)		ſ			
	Tyle	rHall			•
Full Name (Last, First, Middle Initial) of Payee			Date of	Public Distribution/	Dissemination
Mailing Address Ayane				0 03	2014
(306 Mississippi	54.		Amoun	t	
City St. Pau	State	Zip Code SST2O			353.33
Purpose of Expenditure Salary & Benefits		Category/ Type	Office Sough	nt: House Senate	State: MN
Name of Federal Candidate Supported or Oppose	ed by Expenditu	Jre:	Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	1 (1.144). 1 (4.14)	, O.		nt For: Primary	General
Full Name (Last, First, Middle Initial) of Payee		With the second	Date of	of Public Distribution	/Dissemination
Mailing Address Mrzhoel	[0 03	2014
11160 Adolard Av	e		Amou	nt	
City St. Drd	Slate WW	Zip Corle		1 (1) (1) (1) (1) (1) (1) (1) (1	32.67
Purpose of Expenditure Salary & Benefits		Category/ Type	Office Soug	Senate	State: MN
Name of Faceral Candidate Supported or Oppos At Franken	ed by Expendi	ture:	Check One	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	. San san sa Ngjara s an sa	(in the second of the second o		ent For: Primary Other (specify)	General
Full Name (Last, First, Middle Initial) of Payee	i iş şirçi Etlerki irmin iştik derik irminin	rimet medit elle med baserigi han samsken publica skullet er til elgessing systelligting sommer eller eller e	Date	of Public Distributio	n/Dissemination
Morzeti Jason Mailing Address				"(D' & 3	10014
894 hartond Aug	٠ <u>- </u>		Amo	unt	
St. Davl	State	Zip Code 55109	1	vir . ml na ivrni Li . J angerska	385.60
Purpose of Expenditure Solary + Beyefits	•	Category/ Type	Office Sou	ght: House Senate	State: MN
Name of Federal Candidate Supported or Oppo	sed by Expend	diture:	Check On	Presiden e: Support	t
Calendar Year-To-Date Per Election for Office Sought	alen yn sely denger De Life Le 👣 Like e		Disbursem	nent For: Primar	y General
(a) SUBTOTAL of Itemized Independent Expend	ditures			enganipanapan Lisan	771.60
(b) SUBTOTAL of Unitermized Independent Expe	endilures		>	engan kanadasa da ja	enger vine ombette
(c) TOTAL independent Expenditures			······· • · · ·	9	702.84

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF 9
NAME OF FILER (In Full)	
Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Ross Laws	
Mailing Address	<u> </u>
3030 dd Au	Amount
City State Zip Code Munca Polis MN 55405	, , 410.27
	Office Sought: House State: MN
Salary & Benefits Type!	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Al Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Cies ielczyk, Kevin	10037014
	- 10 03 DO 141
110 Johnson St. NE	Arriount
City State Zip Code Minner poli3 MN 55413	,554.44
Purpose of Expenditure Employee Expenses Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: A Franken	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Seven Corners Printing	M - M / 2 - D - / 3 - Y - Y - Y - Y
Mailing Address	— 10 83 Do 14
1099 Snelling Acr N 53708	Arnount
St. Paul State Zip Code St. Paul MN 55(08	, , 966.83
Purpose of Expenditure Physical Category/ Type	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Al Franken	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	, 11,634.38

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	PAGE 18 OF 17 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full) Tyler Hall	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Malling Address MMARSOFE	10/62/2011
705 Raymond Ave # 100	Amount
St. Paul State Zip Code J5114	52.08
Purpose of Expenditure Reut 4 Phase > Category/ Type	Office Sought: House State: MV Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Prlmary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Take Astre MMcsote Mailing Address	10'83'2014
705 Praymond Are # 180	Amount
State Zlp Code St. Paul S5114	, ,240.12
Purpose of Expenditure Rest 4 Phases Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: A Franka	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Impact Printing	Date of Public Distribution/Dissemination
Malling Address 1067 Rice A.	Amount
City State Zip Code St. Paul M. 55117	30 (9
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: H Franker	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	··· > 390.34
(b) SUBTOTAL of Unitemized Independent Expenditures	····· The state of the stat
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	1,956.72

MIZED INDEPENDENT EXPENDITURES			PAGE 19 OF 19 FORM 5
ME OF FILER (In Full)	Hall		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination
Enterprise Rentel Car			(0'83'5019
Mailing Address			(0) 03 30 (1)
	,		Amount
City State	Zip Code		660.10
Purpose of Expenditure	Category/ Type	Office	e Sought: House State: MV
Name of Federal Candidate Supported or Opposed by Expend	iture:		President District:
Al Franken		Checl	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	and a state of the	Disbu	ursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		 `	Date of Public Distribution/Dissemination
Apple.com			(0'03')
Malling Address			Amount
City State	Zip Code		, , , , , , 861.36
Purpose of Expenditure Thouse for comess Stiff	Category/ Type	Office	te Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expend	diture:	Chec	President ock One: Support Oppose
Calendar fear-10-Date Fer Election	etymogy by the contraction. One observations and the contractions are selected as the contraction of the co		oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination
Malling Address			Amount
City State	Zip Code		is the second se
Purpose of Expenditure	Category/ Type	Offic	ce Sought: House State:
Name of Federal Candidate Supported or Opposed by Expen	diture:	Che	President Support Oppose
Calendar Year-10-Date Per Election	engening in agentage ang anny and adharithme, italih di ag tamban)	Disb	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		······ >	1,521.46
(b) SUBTOTAL of Uniternized Independent Expenditures		······ >	og til til komplet fra som og til goden til til til goden grande fra Hollower for som og til goden fra som fra som og til goden fra som og til goden fra som og til goden fra som og Til goden fra som og til g
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)		······ >	, 13,478.18

(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office. Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): F-Mail 10/6/2014 **PREPARER** DATE PREPARED