

# 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  
Aaron Miller for Congress

ADDRESS (number and street) PO Box 493  
Check if different than previously reported. (ACC) Rochester MN 55903

2. **FEC IDENTIFICATION NUMBER** C C00548693 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT  
MN 01

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 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

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 Joe Droogsma  
Signature of Treasurer Joe Droogsma [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 29 / 2014

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

**Aaron Miller for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	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))....	8330.00	24457.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8330.00	24457.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22050.74	23462.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22050.74	23462.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40994.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	40000.00	

**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

**Aaron Miller for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7560.00	23110.00
(ii) Unitemized.....	770.00	1347.00
(iii) TOTAL of contributions from individuals ▶	8330.00	24457.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8330.00	24457.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	40000.00	80000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	40000.00	80000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	48330.00	104457.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22050.74	23462.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	40000.00	40000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	40000.00	40000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	62050.74	63462.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54714.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48330.00
25. SUBTOTAL (add Line 23 and Line 24).....	103044.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62050.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40994.03

**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 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Aaron Miller for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brent Christensen**

Mailing Address 82117 330th St.

City Madelia State MN Zip Code 56062

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

Name of Employer Mn Telecom Alliance Occupation Association Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : SA11AI.4220**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dudley Davis**

Mailing Address 924 Somerby Pkwy

City Byron State MN Zip Code 55920

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

Name of Employer Mayo Clinic Occupation M.D.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 08 / 2013

**Transaction ID : SA11AI.4247**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**William Eckles**

Mailing Address 8736 377th Ave.

City Blue Earth State MN Zip Code 56013

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

Name of Employer Blue Earth Valley Comm. Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.4205**

Amount of Each Receipt this Period  
 1000.00

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

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

1800.00

**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 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Aaron Miller for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Frauenshuh**

Mailing Address 7101 W 78th St.

City Mpls	State MN	Zip Code 55439
--------------	-------------	-------------------

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

Name of Employer Frauenshuh	Occupation CEO
--------------------------------	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.4238**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Bonnie Haugen**

Mailing Address 4997 3rd St. NW

City Rochester	State MN	Zip Code 55901
-------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 09 / 2013

**Transaction ID : SA11AI.4225**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Jones**

Mailing Address PO Box 26

City Nerstrand	State MN	Zip Code 55053
-------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
910.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
910.00

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

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

4010.00

**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 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Aaron Miller for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**H. William Lurton**

Mailing Address **PO Box 408**

City **Long Lake** State **MN** Zip Code **55356**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marilee McNeilus**

Mailing Address **17609 625th St.**

City **Dodge Center** State **MN** Zip Code **55927**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 11 / 2013**

**Transaction ID : SA11AI.4218**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Weis**

Mailing Address **2227 7th St. NW**

City **Rochester** State **MN** Zip Code **55901**

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

Name of Employer **Weis Construction** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 02 / 2013**

**Transaction ID : SA11AI.4223**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

**7560.00**

**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 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Aaron Miller for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AARON MILLER**

Mailing Address 1046 MAPLEBACK PL NE

City BYRON State MN Zip Code 55920

FEC ID number of contributing federal political committee. **C H4MN01161**

Name of Employer REVO Biologics Occupation Account Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**80000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA13A.4242**

Amount of Each Receipt this Period  
**40000.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**40000.00**

**40000.00**

**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 9 OF 17			
	<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)  
**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2013</b>
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period <b>2300.00</b> <b>Transaction ID : SB17.4172</b>
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 01	

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2013</b>
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : SB17.4189</b>
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 01	

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : SB17.4178</b>
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7300.00</b>
<b>TOTAL</b> 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 10 OF 17			
	<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)  
**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2013</b>
Mailing Address <b>10969 Pierce St NE</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : SB17.4216</b>
City <b>Blaine</b>	State <b>MN</b>	
Zip Code <b>55434</b>	Purpose of Disbursement <b>Campaign Consultant</b>	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2013</b>
Mailing Address <b>10969 Pierce St NE</b>		Amount of Each Disbursement this Period <b>1800.00</b> <b>Transaction ID : SB17.4211</b>
City <b>Blaine</b>	State <b>MN</b>	
Zip Code <b>55434</b>	Purpose of Disbursement <b>Campaign Consultant</b>	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 03 / 2013</b>
Mailing Address <b>10969 Pierce St NE</b>		Amount of Each Disbursement this Period <b>1500.00</b> <b>Transaction ID : SB17.4233</b>
City <b>Blaine</b>	State <b>MN</b>	
Zip Code <b>55434</b>	Purpose of Disbursement <b>Campaign Consultant</b>	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5800.00</b>
<b>TOTAL</b> 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 11 OF 17			
	<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)  
**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 19 / 2013</b>
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period <b>2500.00</b> Transaction ID : SB17.4241
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 01	

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period <b>1500.00</b> Transaction ID : SB17.4251
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Campaign Consultant	Category/ Type <b>001</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 01	

Full Name (Last, First, Middle Initial) <b>Aaron Miller for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2013</b>
Mailing Address 1731 Margaretha Ave		Amount of Each Disbursement this Period <b>973.52</b> Transaction ID : SB17.4153
City Albert Lea	State MN	
Zip Code 56007	Purpose of Disbursement Printing	Category/ Type <b>006</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4973.52</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<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)  
**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial) <b>A. Karin Reber, Esq.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 11 / 2013</b>
Mailing Address <b>334 Nichols Branch Ln</b>		Amount of Each Disbursement this Period <b>515.00</b> <b>Transaction ID : SB17.4234</b>
City <b>Irmo</b>	State <b>SC</b>	
Zip Code <b>29063</b>	Purpose of Disbursement <b>Fundraiser</b>	Category/ Type <b>003</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b>	District: <b>01</b>	

Full Name (Last, First, Middle Initial) <b>B. Aleisha Keech</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2013</b>
Mailing Address <b>76498 290th St.</b>		Amount of Each Disbursement this Period <b>2027.50</b> <b>Transaction ID : SB17.4208</b>
City <b>Madelia</b>	State <b>MN</b>	
Zip Code <b>56062</b>	Purpose of Disbursement <b>Fundraiser</b>	Category/ Type <b>003</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b>	District: <b>01</b>	

Full Name (Last, First, Middle Initial) <b>c. Aleisha Keech</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2013</b>
Mailing Address <b>76498 290th St.</b>		Amount of Each Disbursement this Period <b>687.50</b> <b>Transaction ID : SB17.4217</b>
City <b>Madelia</b>	State <b>MN</b>	
Zip Code <b>56062</b>	Purpose of Disbursement <b>Fundraiser</b>	Category/ Type <b>003</b>
Candidate Name <b>Aaron Miller for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b>	District: <b>01</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3230.00</b>
<b>TOTAL</b> 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 17			
	<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)  
**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jon Kovaziny</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1505 Marsh St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4148</b>
City Mankato State MN Zip Code 56001	Purpose of Disbursement Web Design/Management 001 Category/Type	
Candidate Name <b>Aaron Miller for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Scribner Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 750 31st St NE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4142</b>
City Rochester State MN Zip Code 55906	Purpose of Disbursement Graphic design 004 Category/Type	
Candidate Name <b>Aaron Miller for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 1881 E Madison		Amount of Each Disbursement this Period 18.50 <b>Transaction ID : SB17.4146</b> <b>[MEMO ITEM]</b>
City Mankato State MN Zip Code 56001	Purpose of Disbursement Supplies-Aleisha Keech 006 Category/Type	
Candidate Name <b>Aaron Miller for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	21803.52

# 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 17	
	<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)  
**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial) <b>A. AARON MILLER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2013</b>
Mailing Address <b>1046 MAPLEBACK PL NE</b>		Amount of Each Disbursement this Period <b>40000.00</b> <b>Transaction ID : SB19A.4151</b>
City <b>BYRON</b> State <b>MN</b> Zip Code <b>55920</b>	Purpose of Disbursement Payment <b>009</b> Category/Type	
Candidate Name <b>Aaron Miller for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MN</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>40000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>40000.00</b>

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Aaron Miller for Congress** Transaction ID : **SC/10.4118**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>AARON MILLER</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1046 MAPLEBACK PL NE	

City	State	ZIP Code
BYRON	MN	55920

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	40000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 27 / 2013	11/1/13	6.75 % (apr)	<input checked="" type="checkbox"/> Yes <input 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Aaron Miller for Congress** Transaction ID : **SC/10.4242**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>AARON MILLER</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1046 MAPLEBACK PL NE	

City	State	ZIP Code
BYRON	MN	55920

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2013	M / D / Y 2/1/2014	6.75 % (apr)	<input checked="" type="checkbox"/> Yes <input 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	40000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	40000.00

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

# SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Aaron Miller for Congress</b>	Transaction ID : SC/10.4242.SC1	FEC IDENTIFICATION NUMBER <b>C</b> C00548693
---	---------------------------------	---

LENDING INSTITUTION (LENDER) Full Name <b>Wells Fargo</b>	Amount of Loan 40000.00	Interest Rate (APR) 6.75 %
---	----------------------------	-------------------------------

Mailing Address 5950 Rice Creek Parkway	Date Incurred or Established 12 / 31 / 2013	Date Due 2/1/2014
City State Zip Code Shoewiew MN 55126	Back Ref SC/10.4242	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
Amount of this Draw: 40000.00 Total Outstanding Balance: 40000.00

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: Line of Credit

What is the value of this collateral? 40000.00

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify:

What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:  
Address:  
Date account established:  
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
Campaign paid back on January 13, 2014

G. COMMITTEE TREASURER Typed Name Joe Droogsma Signature	DATE 01 / 29 / 2014
--	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name AARON MILLER Signature AARON MILLER	[Electronically Filed]	DATE 12 / 31 / 2013
Title Candidate		