

**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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

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

through

M M /

D D /

Y Y Y Y

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

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# 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
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	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))....	103672.80	135680.30
(b) Total Contribution Refunds (from Line 20(d)) .....	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	103622.80	135630.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39332.95	68175.97
(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)) .....	39332.95	68175.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	107455.78	
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) .....	43300.00	

## 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)

PAGE 3 / 50

Write or Type Committee Name

**Aaron Miller for Congress**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2014

To:

M M / D D / Y Y Y Y  
06 / 30 / 2014

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

68647.29

94757.29

**(ii) Unitemized.....**

25925.51

28323.01

**(iii) TOTAL of contributions from individuals ▶**

94572.80

123080.30

**(b) Political Party Committees.....**

4100.00

4100.00

**(c) Other Political Committees (such as PACs).....**

5000.00

5000.00

**(d) The Candidate.....**

0.00

3500.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

103672.80

135680.30

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

40000.00

160000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

40000.00

160000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

1.45

1.45

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

143674.25

295681.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39332.95	68175.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	40000.00	120000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	40000.00	120000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	50.00
(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)).....	50.00	50.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79382.95	188225.97

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43164.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	143674.25
25. SUBTOTAL (add Line 23 and Line 24).....	186838.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79382.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	107455.78

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

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

FOR LINE NUMBER:

PAGE 5 OF 50

(check only one)

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

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)

Beverly Apilkowski

Mailing Address 1443 Bussard Crt

City

Arden Hills

State

MN

Zip Code

55112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeside Homes Inc.Occupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donald Benson

Mailing Address 19550 Cederhurst St.

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marquette Financial CompaniesOccupation  
Banker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Larry Brooks

Mailing Address 1440 10th Ave. NE

City

Byron

State

MN

Zip Code

55920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Real Estate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.5331

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Barton Bulman

Mailing Address 11500 Goldenrod Rd

City

Caledonia

State

MN

Zip Code

55921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Barton Bulman

Mailing Address 11500 Goldenrod Rd

City

Caledonia

State

MN

Zip Code

55921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2014

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Chris Compart

Mailing Address 44796 400th St

City

Nicollet

State

MN

Zip Code

56074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Compart's Boar Store Inc.Occupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period

250.00

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

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

1350.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

James Cote

Mailing Address 7440 Shannon Dr

City

Mpls

State

MN

Zip Code

55439

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 M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

William Crawford

Mailing Address 1116 Chestnut St

City

Fairmont

State

MN

Zip Code

56031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Brian Davis

Mailing Address 839 Amber Ridge Ln SW

City

Rochester

State

MN

Zip Code

55902

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

272.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.5069

Amount of Each Receipt this Period

172.29

In-kind - Food for Candidate Meet/Greet

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

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

922.29

# **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 50

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**Brian Davis**

Mailing Address 839 Amber Ridge Ln SW

City

Rochester

State

MN

Zip Code

55902

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

372.29

Date of Receipt

M M / D D / Y Y Y Y  
06 22 2014

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period

100.00

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

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 12 2014

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Laurie Davis**

Mailing Address PO Box 14

City

St Peter

State

MN

Zip Code

56082

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

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2014

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

2600.00

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

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

3700.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Laurie Davis

Mailing Address PO Box 14

City

St Peter

State

MN

Zip Code

56082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Mitchell Davis

Mailing Address PO Box 14

City

St Pater

State

MN

Zip Code

56082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cambria USA

Occupation

Owner

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Mitchell Davis

Mailing Address PO Box 14

City

St Pater

State

MN

Zip Code

56082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cambria USA

Occupation

Owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period

2600.00

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

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Cheryl Dietz

A.

Mailing Address 15508 330th St.

City

Montgomery

State

MN

Zip Code

56069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Steven Dittrich

B.

Mailing Address 4107 4th Place NW

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dittrich & Lawrence PAOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Steven Dittrich

C.

Mailing Address 4107 4th Place NW

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dittrich & Lawrence PAOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period

100.00

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

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

700.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Elizabeth Driscoll

A.

Mailing Address 357 Salem Church Rd

City

St Paul

State

MN

Zip Code

55118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Randy Ehleringer

B.

Mailing Address 4115 26th St NW

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Financial Planner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		14		2014

Transaction ID : SA11AI.5205

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Randy Ehleringer

C.

Mailing Address 4115 26th St NW

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Financial Planner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		14		2014

Transaction ID : SA11AI.5223

Amount of Each Receipt this Period

400.00

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

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

1300.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Robert Fayfield

A.

Mailing Address PO Box 34

City

Minneapolis

State

MN

Zip Code

55440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Banner EngineeringOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Sandra Frauenshuh

B.

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  
NoneOccupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

James Hahn

C.

Mailing Address 226 S Franklin St.

City

New Ulm

State

MN

Zip Code

56073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Luther CollegeOccupation  
Instructor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period

250.00

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

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

3750.00

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

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

FOR LINE NUMBER:

PAGE 13 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Martha Head

A.

Mailing Address 1616 W 22nd St

City

Mpls

State

MN

Zip Code

55405

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 M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.5242

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Richard Helgeson

B.

Mailing Address 1800 Lakeview Ter

City

Long Lake

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Investor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Brian Hensley

C.

Mailing Address 1115 Lakeview Blvd.

City

Albert Lea

State

MN

Zip Code

56007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intego Financial Group LLC

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:

PAGE 14 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**Loius Hill**

Mailing Address 1315 Red Fox Rd

City

Arden Hills

State

MN

Zip Code

55112

FEC ID number of contributing federal political committee.

C

Name of Employer

Rockwood Capital Management

Occupation

Chairman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11AI.4955

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ronald Hillegonds**

Mailing Address 5289 fawn Creek Dr.

City

Wyoming

State

MI

Zip Code

49418

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

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. James Houten**

Mailing Address 3832 W Calhoun Pkwy

City

Mpls

State

MN

Zip Code

55410

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 M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period

500.00

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

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

1025.00

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

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

FOR LINE NUMBER:

PAGE 15 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Alfred Iverson

Mailing Address PO Box 141

City

Navarre

State

MN

Zip Code

55392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PMT CorpOccupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11AI.5236

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary Joachim

Mailing Address 1135 Hidden PI NE

City

Owatonna

State

MN

Zip Code

55060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas Johanson

Mailing Address PO Box66

City

Winnebago

State

MN

Zip Code

56098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Lawyer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

250.00

1000.00

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

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

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

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

FOR LINE NUMBER:

PAGE 16 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Douglas Johnson

A.

Mailing Address 129 Apple Nook Ct

City

Manakto

State

MN

Zip Code

56001

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

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2014

Transaction ID : SA11AI.4785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Orville Johnson

B.

Mailing Address 1085 Nena Ct

City

Stillwater

State

MN

Zip Code

55082

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 M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Douglas Jones

C.

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

1435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period

525.00

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

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

1275.00



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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. 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

2235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mary Jones

Mailing Address 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

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

C. Cynthia Karels

Mailing Address 1617 Ancaster Dr NE

City

Byron

State

MN

Zip Code

55920

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

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2014

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period

250.00

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

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

1575.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Esther Kellogg

Mailing Address 339 Mount Curve Blvd.

City

St Paul

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Kieffer

Mailing Address 167 Kieffer Hills Dr

City

St Charles

State

MN

Zip Code

55972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Charles Sherwood ParkOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Kierlin

Mailing Address PO Box 302

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period

2000.00

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

3250.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**John Kinkad**

Mailing Address 693 Montcalm Pl

City

St Paul

State

MN

Zip Code

55116

FEC ID number of contributing federal political committee.

C

Name of Employer

Turfco Mfg

Occupation

Manager

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		11		2014

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Richard Koch**

Mailing Address 1003 S Hwy

City

Jackson

State

MN

Zip Code

56143

FEC ID number of contributing federal political committee.

C

Name of Employer

AGCO

Occupation

Technician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5517

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Candi Kohner**

Mailing Address 4980 6th St.

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing federal political committee.

C

Name of Employer

Kohner Materials Inc.

Occupation

Executive

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		28		2014

Transaction ID : SA11AI.5610

Amount of Each Receipt this Period

250.00

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

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

1100.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Aaron Miller for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Steven Kohner</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address 4980 6th St			<b>Transaction ID : SA11AI.5608</b>	
City Winona	State MN	Zip Code 55987	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Kohner Materials Inc.		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Luciano Kolodny</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 10607 Sterling Dr.			<b>Transaction ID : SA11AI.5483</b>	
City Woodbury	State MN	Zip Code 55129	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Merck & Company, Inc.		Occupation Media Affairs		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jeff Kurt</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 2568 Stella Ct			<b>Transaction ID : SA11AI.5621</b>	
City Fairmont	State MN	Zip Code 56031	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			750.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Aaron Miller for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Stephen Lawrence</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 860 Bench St			<b>Transaction ID : SA11AI.5044</b>	
City	State	Zip Code		
Red Wing	MN	55066		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer LTX, Inc.		Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Philip Lindau Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 2825 Medicine Ridge Rd			<b>Transaction ID : SA11AI.5290</b>	
City	State	Zip Code		
Plymouth	MN	55441		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer Commodity Specialists Co.		Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Whitney MacMillian Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address PO Box 5628			<b>Transaction ID : SA11AI.5067</b>	
City	State	Zip Code		
Mpls	MN	55440		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer None		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Brandon McNeilus

Mailing Address 65742 State Hwy 56

City

Dodge Center

State

MN

Zip Code

55927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McNeilus Companies

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2014

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Garwin 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

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

Garwin 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

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

1700.00

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

5100.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Garwin McNeilus

A.

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  
NoneOccupation  
Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Marilee McNeilus

B.

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  
NoneOccupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

Marilee McNeilus

C.

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  
NoneOccupation  
Homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period

700.00

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

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

4900.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Frank Mertes

A.

Mailing Address 35444 Old Homer Rd

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Watkins DistributionOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : SA11AI.5278

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lorie Michaels

Mailing Address 2060 Pinto Dr

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Rancher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5274

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. C.K. Minar

Mailing Address 4660 Weston Woods Way

City

White Bear Township

State

MN

Zip Code

55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period

500.00

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

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

2750.00



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

James Nasman

A.

Mailing Address 76498 290th St.

City

Madelia

State

MN

Zip Code

56062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1095.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2014

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mark Neeb

B.

Mailing Address 2491 Hawk Hill Ln SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated GroupOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11AI.5034

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mark Neeb

C.

Mailing Address 2491 Hawk Hill Ln SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated GroupOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5543

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**Fred Nobrega**

Mailing Address 1118 Skyline Dr SW

City

Rochester

State

MN

Zip Code

55902

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  
05 / 12 / 2014

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Fred Nobrega**

Mailing Address 1118 Skyline Dr SW

City

Rochester

State

MN

Zip Code

55902

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

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11AI.5484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Mark Nowak**

Mailing Address 15330 580th Ave

City

Wells

State

MN

Zip Code

56097

FEC ID number of contributing federal political committee.

C

Name of Employer

Nowak Ag Consulting

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 06 / 2014

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:

PAGE 27 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Kenneth Nuss

A.

Mailing Address 1463 Belvior Ln NE

City

Byron

State

MN

Zip Code

55920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Randall Paulson

B.

Mailing Address 750 Chapala Dr

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Odyssey Investment Partners

Occupation

Investor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2014

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Nathan Quist

C.

Mailing Address 38197 State Hwy 22

City

St Peter

State

MN

Zip Code

56082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quist Farms

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5687

Amount of Each Receipt this Period

500.00

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

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

1200.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**John Remick**

Mailing Address 3232 Fox Hollow Crt SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester Athletic Club

Occupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**John Remick**

Mailing Address 3232 Fox Hollow Crt SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester Athletic Club

Occupation  
Owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3200.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5666

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**Bruce Rinkel**

Mailing Address 2695 Brookview Dr.

City

St Paul

State

MN

Zip Code

55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merit Chevrolet

Occupation  
Auto Dealer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 07 2014

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period

1000.00

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

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

2200.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**Bruce Rinkel**

Mailing Address 2695 Brookview Dr.

City

St Paul

State

MN

Zip Code

55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Merit Chevrolet

Occupation

Auto Dealer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2014

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**Donna Rinkel**

Mailing Address 2695 Brookview Dr

City

St Paul

State

MN

Zip Code

55119

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

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2014

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Maureen Schulze**

Mailing Address 3033 Excelsior Blvd

City

Mpls

State

MN

Zip Code

55416

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

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

2600.00

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

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

6800.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Aaron Miller for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Schulze**

Mailing Address 3033 Excelsior Blvd

City State Zip Code  
Mpls MN 55416

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

Name of Employer Occupation  
Best Buy Executive

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt

M M / D D / Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period

2600.00

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

Mailing Address 959 Lingsway Dr

City State Zip Code  
Le Sueur MN 56058

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5685

Amount of Each Receipt this Period

200.00

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

Mailing Address 7300 Metro Blvd

City State Zip Code  
Mpls MN 55439

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

Name of Employer Occupation  
BURK & SEATON PA Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 18 2014

Transaction ID : SA11AI.5281

Amount of Each Receipt this Period

1000.00

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

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

3800.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Thomas Thompson

Mailing Address 226 E 7 th St

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Real Estate Broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

David Thul

Mailing Address 803 Truman Ave

City

Owatonna

State

MN

Zip Code

55060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		25		2014

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Carl Van Winter

Mailing Address 1465 Belvoir Ln NE

City

Byron

State

MN

Zip Code

55920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Tom Vavra

A.

Mailing Address 157 Mary Circle Pines

City

N Mankato

State

MN

Zip Code

56003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JT Services

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2014

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dennis Walsh

B.

Mailing Address 6000 Bass Lake Rd

City

Crystal

State

MN

Zip Code

55429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walsh Partners

Occupation

Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2014

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

Joshua Wilkening

C.

Mailing Address 519 N Minnesota St.

City

New Ulm

State

MN

Zip Code

56073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period

50.00

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

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

700.00



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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Joe Willaert

Mailing Address 21115 594th Ave

City

Manakto

State

MN

Zip Code

56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eide Bailly

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Joe Willaert

Mailing Address 21115 594th Ave

City

Manakto

State

MN

Zip Code

56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eide Bailly

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C.

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).....

600.00

68647.29

# **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 34 OF 50

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**Brown Republican Party**

Mailing Address 519 N Minnesota St

City

New Ulm

State

MN

Zip Code

56073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 09 2014

Transaction ID : SA11B.4476

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CD1 Republican Party of MN**

Mailing Address 139 6th St SW

City

Chatfield

State

MN

Zip Code

55923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11B.5683

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Fillmore County Republicans**

Mailing Address 107 Spruce St NE

City

Fountain

State

MN

Zip Code

55935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y  
05 02 2014

Transaction ID : SA11B.4467

Amount of Each Receipt this Period

750.00

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

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

2250.00

# **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 35 OF 50

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**Fillmore County Republicans**

Mailing Address 107 Spruce St NE

City

Fountain

State

MN

Zip Code

55935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 26 2014

Transaction ID : SA11B.5448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Freeborn County Republicans**

Mailing Address 1101 Foothills Circle

City

Albert Lea

State

MN

Zip Code

56007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2014

Transaction ID : SA11B.4423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Watonwan County Republicans**

Mailing Address PO BOx 167

City

St James

State

MN

Zip Code

56081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 27 2014

Transaction ID : SA11B.5617

Amount of Each Receipt this Period

600.00

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

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

1850.00

4100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 50

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

FREEDOM CLUB FEDERAL PAC

Mailing Address P. O. BOX 416

City

CHAMPLIN

State

MN

Zip Code

55316

FEC ID number of contributing  
federal political committee.

C C00307777

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11C.4473

Amount of Each Receipt this Period

5000.00

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

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).....

5000.00

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

5000.00

# **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 37 OF 50

<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
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

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

163500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA13A.5392

Amount of Each Receipt this Period

40000.00

Loan to Campaign

Full Name (Last, First, Middle Initial)

**B.**

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 / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

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 / D D / 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 50

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

**A. Capital Communications**

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement  
Campaign Consultant

001

Category/  
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4335

**B. Capital Communications**

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement  
Campaign Consultant

001

Category/  
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

2109.28
---------

Transaction ID : SB17.4410

**c. Capital Communications**

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement  
Campaign Consultant

001

Category/  
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

2955.00
---------

Transaction ID : SB17.4411

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

7564.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 50

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

**A. Capital Communications**

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement  
Campaign Consultant

001

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4862

**B. Capital Communications**

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement  
Campaign Consultant

001

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4852

**c. Capital Communications**

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement  
Campaign Consultant

001

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.5075

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

4000.00





**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 50

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

**A. Harland Checks**

Mailing Address 10931 Laureate Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

217.57
--------

Purpose of Disbursement  
Laser checks/Envelopes

001

Transaction ID : SB17.4427

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 01

Full Name (Last, First, Middle Initial)

**B. Aleisha Keech**

Mailing Address 76498 290th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
Madelia	MN	56062

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Fundraiser

003

Transaction ID : SB17.4336

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 01

Full Name (Last, First, Middle Initial)

**C. Aleisha Keech**

Mailing Address 76498 290th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
Madelia	MN	56062

Amount of Each Disbursement this Period

2121.00
---------

Purpose of Disbursement  
Fundraiser

003

Transaction ID : SB17.4412

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 01

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

2838.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 50

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

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**A. Aleisha Keech**

Mailing Address 76498 290th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

City	State	Zip Code
Madelia	MN	56062

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraiser

003

**Transaction ID : SB17.5020**

Candidate Name

**Aaron Miller for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

**B. Joe Meyer**

Mailing Address 26199 Cty Rd 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

City	State	Zip Code
Winona	MN	55987

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Campaign Manager

001

**Transaction ID : SB17.5021**

Candidate Name

**Aaron Miller for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

**C. Pinnacle Direct**

Mailing Address 15260 113th St N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

City	State	Zip Code
Stillwater	MN	55082

Amount of Each Disbursement this Period

3633.75
---------

Purpose of Disbursement  
Direct Mail

003

**Transaction ID : SB17.4450**

Candidate Name

**Aaron Miller for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

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

7133.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 50

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

**A. Pinnacle Direct**

Mailing Address 15260 113th St N

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement  
Postage for Direct Mail

003

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

1658.25
---------

Transaction ID : SB17.4452

**B. Pinnacle Direct**

Mailing Address 15260 113th St N

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement  
Direct Mail

003

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

6551.58
---------

Transaction ID : SB17.4946

**c. Pinnacle Direct**

Mailing Address 15260 113th St N

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement  
Direct Mail

003

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2014

Amount of Each Disbursement this Period

5344.25
---------

Transaction ID : SB17.5023

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

13554.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 50

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

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

**A. Karin Reber**

Mailing Address 334 Nichols Branch Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

City	State	Zip Code
Irmo	SC	29063

Amount of Each Disbursement this Period

895.00
--------

Purpose of Disbursement  
Fundraiser

003

Transaction ID : SB17.4425

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

**B. Secretary of State**

Mailing Address 180 State Office Building

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

City	State	Zip Code
St Paul	MN	55155

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Filing Fee

001

Transaction ID : SB17.5018

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

**c. Victory Enterprises**

Mailing Address 5200 SW 30th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

723.44
--------

Purpose of Disbursement  
Stickers/Campaign Materials

007

Transaction ID : SB17.5024

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

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

1918.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**A. Wells Fargo**

Mailing Address 5950 Rice Creek Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

City	State	Zip Code
Shoreview	MN	55126

Amount of Each Disbursement this Period

14.00
-------

Purpose of Disbursement  
Fees

001

Transaction ID : SB17.4426

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 5950 Rice Creek Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
Shoreview	MN	55126

Amount of Each Disbursement this Period

52.50
-------

Purpose of Disbursement  
Fees

001

Transaction ID : SB17.5012

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address 5950 Rice Creek Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Shoreview	MN	55126

Amount of Each Disbursement this Period

34.00
-------

Purpose of Disbursement  
Fees

001

Transaction ID : SB17.5469

Candidate Name

Aaron Miller for Congress

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

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

100.50

38800.27

# **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)

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☐ 17 ☐ 18 ☒ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

Full Name (Last, First, Middle Initial)

**A. AARON MILLER**

Mailing Address 1046 MAPLEBACK PL NE

City State Zip Code  
 BYRON MN 55920

Purpose of Disbursement  
 Repay Loan

Candidate Name

**Aaron Miller for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y  
 04 18 2014

Amount of Each Disbursement this Period

40000.00

Transaction ID : SB19A.4369

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

40000.00

40000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 47 OF 50

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4303

Aaron Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

AARON MILLER

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1046 MAPLEBACK PL NE

City

State

ZIP Code

BYRON

MN

55920

Original Amount of Loan

40000.00

Cumulative Payment To Date

40000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 31 / 2014

Date Due

M M / D D / Y Y Y Y  
/ 4/30/14

Interest Rate

6.75

% (apr)

Secured:

☒ Yes☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

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 (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 48 OF 50

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5392

Aaron Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

AARON MILLER

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1046 MAPLEBACK PL NE

City

State

ZIP Code

BYRON

MN

55920

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 27 / 2014

Date Due

M M / D D / Y Y Y Y  
7/15/2014

Interest Rate

6.75

% (apr)

Secured:

☒ Yes☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

**TOTALS** 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/10.5392.SC1		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00548693 </div>	
<b>LENDING INSTITUTION (LENDER)</b> Full Name <b>Wells Fargo</b>		Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40000.00 </div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.75 </div> %	
Mailing Address 5950 Rice Creek Parkway		Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">06</div></div> <div><div style="border: 1px solid black; padding: 2px;">27</div></div> <div><div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		Date Due <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">7/15/2014</div></div> </div>	
City State Zip Code Shoreview MN 55126		Back Ref SC/10.5392			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the value of this collateral?  <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>   Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the estimated value?  <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).   Date account established:  <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div> <div style="flex: 1;"> Location of account:   Address:   City, State, Zip: _____ </div> </div>					
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.					
G. COMMITTEE TREASURER Typed Name Joe Droogsma Signature _____				DATE <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">07</div></div> <div><div style="border: 1px solid black; padding: 2px;">15</div></div> <div><div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>	
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				DATE <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">06</div></div> <div><div style="border: 1px solid black; padding: 2px;">27</div></div> <div><div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>	
Title Candidate					

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 50 OF 50

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Aaron Miller for Congress**

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

**AARON MILLER**

Nature of Debt (Purpose):

Mileage Reimbursement

Mailing Address 1046 MAPLEBACK PL NE

City State

Zip Code

BYRON

MN

55920

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5725

Amount Incurred This Period

3300.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3300.00

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

3300.00

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

3300.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

40000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

43300.00