

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
HUGHES FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19219.00	38135.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19219.00	38135.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10033.75	24294.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	193.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10033.75	24100.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18563.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

HUGHES FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14305.00	28125.00
(ii) Unitemized.....	4894.00	7990.00
(iii) TOTAL of contributions from individuals ▶	19199.00	36115.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20.00	2020.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19219.00	38135.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	193.77
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19219.00	38328.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10033.75	24294.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	6000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	6000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10033.75	30294.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9378.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19219.00
25. SUBTOTAL (add Line 23 and Line 24).....	28597.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10033.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18563.81

**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 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anderson, CI, , ,

Mailing Address 5330 KELSEY TERR

City EDINA State MN Zip Code 55436

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2019

Transaction ID : SA11AI.8180

Amount of Each Receipt this Period
2800.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Anderson, Patricia, , ,

Mailing Address 4682 190th Ave

City Hanley Falls State MN Zip Code 56245

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 28 / 2019

Transaction ID : SA11AI.8154

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Anderson, Patricia, , ,

Mailing Address 4682 190th Ave

City Hanley Falls State MN Zip Code 56245

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2019

Transaction ID : SA11AI.8221

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 29	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anderson, Patricia, , ,

Mailing Address 4682 190th Ave

City Hanley Falls	State MN	Zip Code 56245
----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2019

Transaction ID : SA11AI.8265

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Baumann, Roger, , ,

Mailing Address 1240 Oak Street
PO Box 44

City Wabasso	State MN	Zip Code 56293
-----------------	-------------	-------------------

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

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2019

Transaction ID : SA11AI.8249

Amount of Each Receipt this Period
 _____ 20.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Baumann, Roger, , ,

Mailing Address 1240 Oak Street
PO Box 44

City Wabasso	State MN	Zip Code 56293
-----------------	-------------	-------------------

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

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2019

Transaction ID : SA11AI.8263

Amount of Each Receipt this Period
 _____ 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 65.00
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: PAGE 7 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BENNETT, RUSSELL, , ,
 Mailing Address 3762 107TH AVE NE
 City SPICER State MN Zip Code 56288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2019
Transaction ID : SA11AI.8103
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BENNETT, RUSSELL, , ,
 Mailing Address 3762 107TH AVE NE
 City SPICER State MN Zip Code 56288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2019
Transaction ID : SA11AI.8176
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
BENNETT, RUSSELL, , ,
 Mailing Address 3762 107TH AVE NE
 City SPICER State MN Zip Code 56288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2019
Transaction ID : SA11AI.8237
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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: PAGE 8 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Borgerding, Shirley, , ,

Mailing Address 960 19h Street S
#107

City Sartell State MN Zip Code 55377

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2019

Transaction ID : SA11AI.8204

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
BOYER, TAMI, , ,

Mailing Address 34771 Freedom Flyer Road

City Vergas State MN Zip Code 56587

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

Name of Employer Tami's Angels, Inc. Occupation President

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : SA11AI.8115

Amount of Each Receipt this Period
280.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOYER, TAMI, , ,

Mailing Address 34771 Freedom Flyer Road

City Vergas State MN Zip Code 56587

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

Name of Employer Tami's Angels, Inc. Occupation President

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2019

Transaction ID : SA11AI.8195

Amount of Each Receipt this Period
280.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1060.00

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: PAGE 9 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BOYER, TAMI, , ,
 Mailing Address 34771 Freedom Flyer Road
 City Vergas State MN Zip Code 56587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tami's Angels, Inc. Occupation President
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2019
Transaction ID : SA11AI.8248
 Amount of Each Receipt this Period
 280.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
KIERLIN, ROBERT, , ,
 Mailing Address PO BOX 302
 City WINONA State MN Zip Code 55987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2019
Transaction ID : SA11AI.8081
 Amount of Each Receipt this Period
 2000.00
 Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Knochenmus, Jon, , ,
 Mailing Address 1600 Hahn Road
 City Marshall State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ralco Occupation President Emeritus
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2019
Transaction ID : SA11AI.8235
 Amount of Each Receipt this Period
 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2780.00
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: PAGE 10 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Knochenmus, Mindy, , ,
 Mailing Address 2196 190th Ave
 City Lynd State MN Zip Code 56157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : SA11AI.8257
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Kruger, Bonita, , ,
 Mailing Address 610 60th Ave NE
 City Willmar State MN Zip Code 56201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2019
Transaction ID : SA11AI.8134
 Amount of Each Receipt this Period
 2800.00
 Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Kruger, Robert, , ,
 Mailing Address 610 60th Avenue NE
 City Willmar State MN Zip Code 56201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2019
Transaction ID : SA11AI.8135
 Amount of Each Receipt this Period
 2200.00
 Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 29	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Petermann, Merlyn, , ,

Mailing Address 3008 210th Street N

City Hawkey	State MN	Zip Code 56549
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2019

Transaction ID : SA11AI.8125

Amount of Each Receipt this Period
 _____ 250.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Schiefelbein, Fred, , ,

Mailing Address 74208 360th St

City Kimball	State MN	Zip Code 55353
-----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2019

Transaction ID : SA11AI.8179

Amount of Each Receipt this Period
 _____ 500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Schneider, Karen, , ,

Mailing Address 4117 Pokie Point Drive NE

City Longville	State MN	Zip Code 56655
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2019

Transaction ID : SA11AI.8127

Amount of Each Receipt this Period
 _____ 500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 1250.00
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: PAGE 12 OF 29
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wren, John, , ,
Mailing Address 2261 Northridge Avenue Circle N
City Stillwater State MN Zip Code 55082
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Retired
Receipt For: 2020
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2019
Transaction ID : SA11AI.8129
Amount of Each Receipt this Period
500.00
 Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	14305.00

**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 13 OF 29	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Aakhus, Paul, , ,

Mailing Address 112 Elm ave PO box 53

City Erskine	State MN	Zip Code 56535
-----------------	-------------	-------------------

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

Name of Employer Paradis Inc.	Occupation Truck Driver
----------------------------------	----------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2019

Transaction ID : SA11C.8149

Amount of Each Receipt this Period

20.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

--

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

--

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	20.00
TOTAL This Period (last page this line number only)..... ▶	20.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Americana Advisors		Date of Disbursement MM / DD / YYYY 07 / 16 / 2019
Mailing Address PO Box 9630		FEC Identification Number C C00610071
City Fleming Island	State FL	Zip Code 32006
Purpose of Disbursement Direct Mail - Voter Contact	Category/Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 4455.23
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8139
State: MN District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Constant Contact		Date of Disbursement MM / DD / YYYY 09 / 25 / 2019
Mailing Address 1601 Trapelo Road		FEC Identification Number C C00610071
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Emails	Category/Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 675.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8256
State: MN District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 09 / 02 / 2019
Mailing Address 1 Hacker Way		FEC Identification Number C C00610071
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement WEB ADS	Category/Type 004	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 174.93
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8231
State: MN District: 07	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5305.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 08 / 05 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C C00610071
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement WEBSITE	Category/Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 84.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8167
State: MN District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 09 / 02 / 2019
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C C00610071
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement WEB ADS	Category/Type 004	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 75.84
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8230
State: MN District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. McLeod County Republican Party of Minnesota		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019
Mailing Address 1220 Oakwood Ln Nw		FEC Identification Number C C00610071
City Hutchinson	State MN	Zip Code 55350
Purpose of Disbursement Event Registration Fee	Category/Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8240
State: MN District: 07	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	659.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2019
Mailing Address 520 S Grand Ave 2nd Floor		FEC Identification Number C C00610071
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement Database	001	Amount of Each Disbursement this Period 279.00
Candidate Name HUGHES FOR CONGRESS	Category/ Type	Transaction ID : SB17.8064
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN District: 07		

Full Name (Last, First, Middle Initial) B. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2019
Mailing Address 520 S Grand Ave 2nd Floor		FEC Identification Number C C00610071
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement DATABASE	001	Amount of Each Disbursement this Period 279.00
Candidate Name HUGHES FOR CONGRESS	Category/ Type	Transaction ID : SB17.8166
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN District: 07		

Full Name (Last, First, Middle Initial) c. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2019
Mailing Address 520 S Grand Ave 2nd Floor		FEC Identification Number C C00610071
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement DATABASE	001	Amount of Each Disbursement this Period 279.00
Candidate Name HUGHES FOR CONGRESS	Category/ Type	Transaction ID : SB17.8232
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN District: 07		

SUBTOTAL of Disbursements This Page (optional).....▶	837.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Same Day Processing		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019
Mailing Address PO Box 25132		FEC Identification Number C C00610071
City St Paul	State MN	Zip Code 55125
Purpose of Disbursement Compliance Consulting	Category/ Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 648.75
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8141
State: MN District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Fees	Category/ Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 0.79
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8055
State: MN District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 1.28
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8077
State: MN District: 07	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	650.82
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement MM / DD / YYYY 07 / 04 / 2019	
Mailing Address 185 BERRY ST STE 550			FEC Identification Number C C00610071	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 0.79	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.8063	
Candidate Name HUGHES FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 07			

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement MM / DD / YYYY 07 / 05 / 2019	
Mailing Address 185 BERRY ST STE 550			FEC Identification Number C C00610071	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 0.79	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.8072	
Candidate Name HUGHES FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 07			

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement MM / DD / YYYY 07 / 09 / 2019	
Mailing Address 185 BERRY ST STE 550			FEC Identification Number C C00610071	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 5.20	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.8073	
Candidate Name HUGHES FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 07			

SUBTOTAL of Disbursements This Page (optional).....▶	6.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2019	
Mailing Address 185 BERRY ST STE 550			FEC Identification Number C C00610071	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 5.20	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.8104	
Candidate Name HUGHES FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 07			

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2019	
Mailing Address 185 BERRY ST STE 550			FEC Identification Number C C00610071	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 19.22	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.8113	
Candidate Name HUGHES FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 07			

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2019	
Mailing Address 185 BERRY ST STE 550			FEC Identification Number C C00610071	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 1.83	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.8147	
Candidate Name HUGHES FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 07			

SUBTOTAL of Disbursements This Page (optional).....▶	26.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 10.82
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8150 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 1.28
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8157 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 1.28
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8169 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	13.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 11 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 0.79
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8171 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 10.40
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8173 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 14 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 14.02
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8194 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25.21
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 1.53
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8196 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 1.28
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8217 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 2.32
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8219 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 29 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 0.55
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8223 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 2.81
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8226 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 08 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 25.59
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8233 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	28.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 5.20
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8236 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Fees	Category/ Type 001	Amount of Each Disbursement this Period 1.28
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8238 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 14.02
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8247 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 1.28
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8246 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	Amount of Each Disbursement this Period 1.53
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8243 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Fees	Category/ Type 001	Amount of Each Disbursement this Period 0.79
Candidate Name HUGHES FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 07	Transaction ID : SB17.8253 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement Credit Card Fees		001
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 2.75
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8254
State: MN District: 07		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES		001
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 4.03
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8258
State: MN District: 07		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2019
Mailing Address 185 BERRY ST STE 550		FEC Identification Number C C00610071
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CREDIT CARD FEES		001
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 12.89
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8262
State: MN District: 07		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	19.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HUGHES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tomahawk Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019
Mailing Address 9175 S Yale Ave Suite 140		FEC Identification Number C C00610071
City Tulsa	State OK	Zip Code 74137
Purpose of Disbursement Push Cards - Production and Design		Category/ Type 001
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 1950.37
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8137
State: MN District: 07		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WIKSTROM TELEPHONE COMPANY		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2019
Mailing Address 212 MAIN ST		FEC Identification Number C C00610071
City KARLSTAD	State MN	Zip Code 56732
Purpose of Disbursement Phones		Category/ Type 001
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 74.23
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8168
State: MN District: 07		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WIKSTROM TELEPHONE COMPANY		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2019
Mailing Address 212 MAIN ST		FEC Identification Number C C00610071
City KARLSTAD	State MN	Zip Code 56732
Purpose of Disbursement Phones		Category/ Type 001
Candidate Name HUGHES FOR CONGRESS		Amount of Each Disbursement this Period 53.92
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8250
State: MN District: 07		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2078.52
TOTAL This Period (last page this line number only).....▶	9680.81

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **HUGHES FOR CONGRESS** Transaction ID : **SC/10.4799**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hughes, David, , , <input type="checkbox"/> Memo Item		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 248		<input type="checkbox"/> Personal Funds of the Candidate
City Karlstad	State MN	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	26529.56	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 22 / Y 2017	M M / D D / Y July 2022	9.90 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4799

(Current loan amount of 13470.44 from a balance of 13470.44 has been forgiven)

Form/Schedule:

Transaction ID: