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14 APR 22 PM 3:12

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**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

**PARRISH FOR US SENATE**

ADDRESS (number and street) **4210 NE 69TH STREET**

Check if different than previously reported. (ACC) **MEDFORD MN 55049**

2. **FEC IDENTIFICATION NUMBER ▼** **C C0055714**

3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**

**CITY ▲ STATE ▲ ZIP CODE ▲**  
**MN MN 00**

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** in the State of

(c) 30-Day **POST**-Election Report for the:  
 General (30G) Runoff (30R) Special (30S)  
 Election on **M / / Y Y Y Y** in the State of

5. Covering Period **M M / D D / Y Y 01 01 2014** through **M M / D D / Y Y 03 31 2014**

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 **Victoria Anne Parrish**

Signature of Treasurer **Victoria Anne Parrish** Date **04 / 09 / 2014**

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

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**FEC FORM 3**  
(Revised 02/2003)

14020332104

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**PARRISH FOR US SENATE**

Report Covering the Period: From: <sup>M</sup>01 / <sup>D</sup>01 / <sup>Y</sup>2014 To: <sup>M</sup>03 / <sup>D</sup>31 / <sup>Y</sup>2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	410.00	410.00
(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))...	410.00	410.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	11243.77	11243.77
(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))...	11243.77	11243.77
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	410.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	11243.77	

**For further information contact:**

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

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

14020332105

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**PARRISH FOR US SENATE**

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	5.00	5.00
(ii) Unitemized .....	405.00	405.00
(iii) TOTAL of contributions from individuals .	410.00	410.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	410.00	410.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	11243.77	11243.77
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	11243.77	11243.77
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	11653.77	11653.77

14020332106

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	11243.77	11243.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11243.77	11243.77

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	11653.77
25. SUBTOTAL (add Line 23 and Line 24)...	11653.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	11243.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	410.00

14020332107

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15					

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. Victoria Anne Parrish</b>			Date of Receipt M M / D D Y Y Y 01 21 2014		
Mailing Address 4210 NE 69Th St			Transaction ID : SA11AI.4198		
City Medford	State MN	Zip Code 55049	Amount of Each Receipt this Period Parrish , , 5.00		
FEC ID number of contributing federal political committee. C					
Name of Employer ASE		Occupation technical editor			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  11248.77			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt M M / D D Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt M M / D D Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5.00
<b>TOTAL</b> This Period (last page this line number only) .....	5.00

14020332108

**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 27				
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input checked="" type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PARRISH FOR US SENATE**

<b>A.</b> Full Name (Last, First, Middle Initial) Victoria Anne Parrish			Date of Receipt M M / D D / Y Y Y Y 01 08 / 2014	
Mailing Address 4210 NE 69Th St			Transaction ID : SA13A.4176	
City Medford	State MN	Zip Code 55049	Amount of Each Receipt this Period , , 11243.77	
FEC ID number of contributing federal political committee. C			expenses	
Name of Employer ASE		Occupation technical editor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 11243.77		

<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period , ,	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , ,		

<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period , ,	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , ,		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 11243.77
<b>TOTAL</b> This Period (last page this line number only).....	, , 11243.77

14020332109

**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 7 OF 27			
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  900.00 Transaction ID : SB17.4127	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement marketing	Category/ Type 004		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  3.56 Transaction ID : SB17.4136	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement postage	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  1909.20 Transaction ID : SB17.4098	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Airfare to/from Minnesota	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: MN District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2812.76
<b>TOTAL</b> This Period (last page this line number only).....	

14020332110

**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)

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  123.73 Transaction ID : SB17.4135	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement keyboard	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  6.25 Transaction ID : SB17.4142	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement food	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  120.76 Transaction ID : SB17.4107	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement hotel	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.74
<b>TOTAL</b> This Period (last page this line number only).....	

14020332111



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 OF 27	
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 14 2014		
Mailing Address 4210 NE 69TH STREET			Amount of Each Disbursement this Period 82.30 Transaction ID : SB17.4108		
City MEDFORD	State MN	Zip Code 55049			
Purpose of Disbursement hotel-Ken Crow		002	Category/ Type		
Candidate Name PARRISH FOR US SENATE		002			
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: MN District: 00					

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 14 2014		
Mailing Address 4210 NE 69TH STREET			Amount of Each Disbursement this Period 33.30 Transaction ID : SB17.4119		
City MEDFORD	State MN	Zip Code 55049			
Purpose of Disbursement food		002	Category/ Type		
Candidate Name PARRISH FOR US SENATE		002			
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: MN District: 00					

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 14 2014		
Mailing Address 4210 NE 69TH STREET			Amount of Each Disbursement this Period 22.47 Transaction ID : SB17.4121		
City MEDFORD	State MN	Zip Code 55049			
Purpose of Disbursement food		002	Category/ Type		
Candidate Name PARRISH FOR US SENATE		002			
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: MN District: 00					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.07
<b>TOTAL</b> This Period (last page this line number only).....	

14020332112

**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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<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period \$ , , 44.52 Transaction ID : SB17.4137
City MEDFORD	State MN	
Purpose of Disbursement fuel	Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period \$ , , 21.44 Transaction ID : SB17.4143
City MEDFORD	State MN	
Purpose of Disbursement adapter- radioshack	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period \$ , , 29.88 Transaction ID : SB17.4144
City MEDFORD	State MN	
Purpose of Disbursement cables base	Candidate Name <b>PARRISH FOR US SENATE</b>	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: MN	District: 00	

**SUBTOTAL** of Disbursements This Page (optional) ..... \$ 95.84

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

14020332113

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 27	
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  75.00 Transaction ID : SB17.4101	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Meeting room for rally	Category/ Type 003		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  7.27 Transaction ID : SB17.4120	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement food	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  199.03 Transaction ID : SB17.4125	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement marketing materials	Category/ Type 004		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	281.30
<b>TOTAL</b> This Period (last page this line number only).....	

14020332114

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 15 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  17.31 Transaction ID : SB17.4126	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement marketing	Category/ Type 004		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 15 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  82.12 Transaction ID : SB17.4139	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement office supplies	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 15 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  275.70 Transaction ID : SB17.4140	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement clothes	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	375.13
<b>TOTAL</b> This Period (last page this line number only).....	

14020332115

**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 8 OF 27			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 13 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 50.07 Transaction ID : SB17.4122
City MEDFORD	State MN	
Purpose of Disbursement food	Category/ Type 002	
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 13 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 49.42 Transaction ID : SB17.4123
City MEDFORD	State MN	
Purpose of Disbursement food	Category/ Type 002	
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y 01 13 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.4134
City MEDFORD	State MN	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	106.49
<b>TOTAL</b> This Period (last page this line number only).....	

14020332116

**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 27			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  12.46 Transaction ID : SB17.4148	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement vona	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  114.61 Transaction ID : SB17.4105	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  126.61 Transaction ID : SB17.4106	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Hotel	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MN District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	253.68
<b>TOTAL</b> This Period (last page this line number only).....	

14020332117

**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)

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M - M / D - D / Y - Y Y - Y 01 / 16 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 43.11 Transaction ID : SB17.4116
City MEDFORD	State MN	
Purpose of Disbursement food	002	Category/ Type
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M - M / D - D / Y - Y Y - Y 01 / 16 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 33.85 Transaction ID : SB17.4117
City MEDFORD	State MN	
Purpose of Disbursement food	002	Category/ Type
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M - M / D - D / Y - Y Y - Y 01 / 16 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4118
City MEDFORD	State MN	
Purpose of Disbursement food	002	Category/ Type
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

**SUBTOTAL** of Disbursements This Page (optional) ..... 80.96

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

14020332118

**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 27			
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y - Y Y 01 / 16 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  6.06 Transaction ID : SB17.4145	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement MN	001 Category/ Type		
Candidate Name PARRISH FOR US SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y - Y Y 01 / 17 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  115.41 Transaction ID : SB17.4104	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Hotel	002 Category/ Type		
Candidate Name PARRISH FOR US SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y - Y Y 01 / 17 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  9.42 Transaction ID : SB17.4114	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement food	002 Category/ Type		
Candidate Name PARRISH FOR US SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.89
<b>TOTAL</b> This Period (last page this line number only).....	

14020332119



**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 27

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y 01 / 17 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  14.18 Transaction ID : SB17.4115	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement food	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y 01 / 17 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  38.35 Transaction ID : SB17.4138	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement fuel	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y 01 / 17 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  63.47 Transaction ID : SB17.4147	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement to set up speakers-cables for meeting	Category/ Type 007		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	116.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020332120

**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 27	
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y 01 / 18 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 147.38	
City MEDFORD	State MN	Zip Code 55049	Transaction ID : SB17.4102
Purpose of Disbursement Hotel		002	
Candidate Name PARRISH FOR US SENATE		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y 01 / 18 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 12.70	
City MEDFORD	State MN	Zip Code 55049	Transaction ID : SB17.4111
Purpose of Disbursement food		002	
Candidate Name PARRISH FOR US SENATE		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y 01 / 18 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 26.39	
City MEDFORD	State MN	Zip Code 55049	Transaction ID : SB17.4112
Purpose of Disbursement food		002	
Candidate Name PARRISH FOR US SENATE		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	186.47
<b>TOTAL</b> This Period (last page this line number only).....	

14020332121

**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)

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 18 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  17.08 Transaction ID : SB17.4113	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement food	Category/ Type 002		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 18 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  6.06 Transaction ID : SB17.4124	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement fed ex	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 18 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  14.56 Transaction ID : SB17.4146	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement postage-fedex	Category/ Type 001		
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.70
<b>TOTAL</b> This Period (last page this line number only).....	

14020332122

**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 27

<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)

**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. PARRISH FOR US SENATE**

Mailing Address 4210 NE 69TH STREET

City MEDFORD State MN Zip Code 55049

Purpose of Disbursement  
Food

002  
Category/  
Type

Candidate Name  
**PARRISH FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: MN District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
01 19 2014

Amount of Each Disbursement this Period

27.85

Transaction ID : SB17.4109

**B. PARRISH FOR US SENATE**

Mailing Address 4210 NE 69TH STREET

City MEDFORD State MN Zip Code 55049

Purpose of Disbursement  
food

001  
Category/  
Type

Candidate Name  
**PARRISH FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: MN District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
01 19 2014

Amount of Each Disbursement this Period

7.48

Transaction ID : SB17.4110

**C. PARRISH FOR US SENATE**

Mailing Address 4210 NE 69TH STREET

City MEDFORD State MN Zip Code 55049

Purpose of Disbursement  
Fuel

002  
Category/  
Type

Candidate Name  
**PARRISH FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: MN District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
01 19 2014

Amount of Each Disbursement this Period

42.51

Transaction ID : SB17.4133

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

77.84

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

14020332123

**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)

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 268.24
City MEDFORD	State MN	
Purpose of Disbursement rental car		Transaction ID : SB17.4141
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 1000.00
City MEDFORD	State MN	
Purpose of Disbursement Gary Johnson		Transaction ID : SB17.4131
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 12.46
City MEDFORD	State MN	
Purpose of Disbursement vonage		Transaction ID : SB17.4149
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: MN	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1280.70
<b>TOTAL</b> This Period (last page this line number only).....	

14020332124

**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)

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial)  
**A. PARRISH FOR US SENATE**

Mailing Address 4210 NE 69TH STREET

City MEDFORD State MN Zip Code 55049

Purpose of Disbursement  
political innovations marketing

004

Category/  
Type

Candidate Name  
**PARRISH FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: MN District: 00

Date of Disbursement

M M / D D / Y Y Y  
02 / 25 / 2014

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4128

**B. PARRISH FOR US SENATE**

Mailing Address 4210 NE 69TH STREET

City MEDFORD State MN Zip Code 55049

Purpose of Disbursement  
Gary Johnson

001

Category/  
Type

Candidate Name  
**PARRISH FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: MN District: 00

Date of Disbursement

M M / D D / Y Y Y  
02 / 25 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4130

**C. PARRISH FOR US SENATE**

Mailing Address 4210 NE 69TH STREET

City MEDFORD State MN Zip Code 55049

Purpose of Disbursement  
Gary Johnson

001

Category/  
Type

Candidate Name  
**PARRISH FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: MN District: 00

Date of Disbursement

M M / D D / Y Y Y  
02 / 28 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4129

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

1900.00

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

14020332125

**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 27	
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 15 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  12.46 Transaction ID : SB17.4150	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement vantage	001 Category/ Type		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 17 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  132.00 Transaction ID : SB17.4151	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Convention registration	007 Category/ Type		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 23 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  300.17 Transaction ID : SB17.4132	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Facebook ads	004 Category/ Type		
Candidate Name <b>PARRISH FOR US SENATE</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	444.63
<b>TOTAL</b> This Period (last page this line number only).....	

14020332126

**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 27	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 23 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 970.34
City MEDFORD	State MN	
Purpose of Disbursement airfare	Category/ Type 002	Transaction ID : SB17.4153
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 27 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 90.10
City MEDFORD	State MN	
Purpose of Disbursement staples-sign	Category/ Type 004	Transaction ID : SB17.4156
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 27 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 7.00
City MEDFORD	State MN	
Purpose of Disbursement parking	Category/ Type 002	Transaction ID : SB17.4157
Candidate Name <b>PARRISH FOR US SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MN	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1067.44
<b>TOTAL</b> This Period (last page this line number only).....	

14020332127



**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)

<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  1300.00 Transaction ID : SB17.4161	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement Republican Party of MN state convention costs			007
Candidate Name <b>PARRISH FOR US SENATE</b>			Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  153.81 Transaction ID : SB17.4159	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement hotel for convention			007
Candidate Name <b>PARRISH FOR US SENATE</b>			Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

Full Name (Last, First, Middle Initial) <b>C. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y 03 / 30 / 2014	
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period  70.52 Transaction ID : SB17.4158	
City MEDFORD	State MN		Zip Code 55049
Purpose of Disbursement food			002
Candidate Name <b>PARRISH FOR US SENATE</b>			Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1524.33
<b>TOTAL</b> This Period (last page this line number only).....	

14020332128

**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 27	
	<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)  
**PARRISH FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.4160
City MEDFORD	State MN	
Purpose of Disbursement hotel meeting room		Category/ Type 007
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PARRISH FOR US SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4210 NE 69TH STREET		Amount of Each Disbursement this Period 7.80 Transaction ID : SB17.4155
City MEDFORD	State MN	
Purpose of Disbursement food		Category/ Type 002
Candidate Name <b>PARRISH FOR US SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M /
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	82.80
<b>TOTAL</b> This Period (last page this line number only).....	11243.77

14020332129

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **PARRISH FOR US SENATE** Transaction ID : **SC/10.4176**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Victoria Anne Parrish** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
4210 NE 69Th St

City State ZIP Code  
Medford MN 55049

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11243.77	0.00	11243.77

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 / 08 / 2014	12/31/2014	0.00 % (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:

<b>SUBTOTALS</b> This Period This Page (optional)...	▶	11243.77
<b>TOTALS</b> This Period (last page in this line only) ..	▶	11243.77

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

14020332130



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4210 NE 69th Street  
Medford, MN 55049

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Washington, DC 20013-7578



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OD: 12.5 x 9.5

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NANCY ERICKSON  
SECRETARY

JANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

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SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

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DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

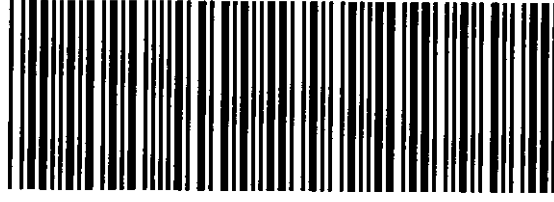
PREPARER \_\_\_\_\_

**MN**

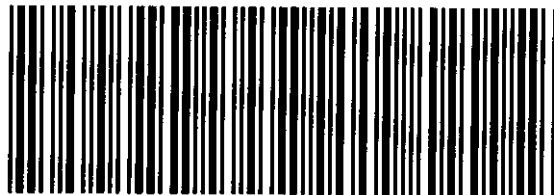
DATE PREPARED

**4/22/14**

14020332132



SEN PATCH



SEN PATCH

14020332133