

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 11/21 PM 3:59

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 MEDFORD MN 55049

2. FEC IDENTIFICATION NUMBER C C0055714 3. IS THIS REPORT X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MN 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y in the State of

5. Covering Period 04 01 2014 through 06 30 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 07 14 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.

14020633255

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PARRISH FOR US SENATE

Report Covering the Period: From: ^M04 / ^D01 / ^Y2014 To: ^M06 / ^D30 / ^Y2014

	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))..	790.00	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))...	790.00	410.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	4111.20	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))...	4111.20	11243.77
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
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) ..	14154.97	

For further information contact:

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

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

14020633256

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: M M / D D / Y Y Y Y 04 01 2014 To: M M / D D / Y Y Y Y 06 30 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	750.00	5.00
(ii) Unitemized	40.00	405.00
(iii) TOTAL of contributions from individuals .	790.00	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))..	790.00	410.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	2911.20	11243.77
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	2911.20	11243.77
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	0.00
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)...	3701.20	11653.77

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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...	4111.20	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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4111.20	11243.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	410.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	3701.20
25. SUBTOTAL (add Line 23 and Line 24)...	4111.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4111.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

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**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 10	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

NAME OF COMMITTEE (In Full)
PARRISH FOR US SENATE

Full Name (Last, First, Middle Initial) A. Shane Meisner			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 42544 Woodbury Place			Transaction ID : SA11AI.4210	
City Leonardtown	State MD	Zip Code 20650	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date	500.00	

Full Name (Last, First, Middle Initial) B. Carl Nelson			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address PSC 46 Box 866			Transaction ID : SA11AI.4211	
City APO	State AE	Zip Code 09469	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / 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		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

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**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 10
	<input type="checkbox"/> 11a <input checked="" 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	

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NAME OF COMMITTEE (In Full)
PARRISH FOR US SENATE

Full Name (Last, First, Middle Initial) Victoria Anne Parrish		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 4210 NE 69Th St		Transaction ID : SA13A.4258
City Medford	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2911.20
Name of Employer ASE	Occupation technical editor	, , .
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2911.20	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / / Y
Mailing Address		Amount of Each Receipt this Period
City	State	
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)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
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	

SUBTOTAL of Receipts This Page (optional).....	, , .	2911.20
TOTAL This Period (last page this line number only).....	, , .	2911.20

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**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 10			
	<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. Banner's.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 14 Central Avenue North		Amount of Each Disbursement this Period 311.41 Transaction ID : SB17.4234
City Kingston	State MN	
Zip Code 56343	Purpose of Disbursement	Category/ Type 004
Candidate Name PARRISH FOR US SENATE	Office Sought: <input checked="" 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	

Full Name (Last, First, Middle Initial) B. Expedia		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 1396.93 Transaction ID : SB17.4254
City	State	
Zip Code	Purpose of Disbursement Airfare and Rental Car	Category/ Type 002
Candidate Name PARRISH FOR US SENATE	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) Convention	State: MN District: 00	

Full Name (Last, First, Middle Initial) C. Mayo Civic Center		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address		Amount of Each Disbursement this Period 1045.63 Transaction ID : SB17.4225
City Rochester	State MN	
Zip Code	Purpose of Disbursement	Category/ Type 007
Candidate Name PARRISH FOR US SENATE	Office Sought: <input checked="" 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	

SUBTOTAL of Disbursements This Page (optional).....	2753.97
TOTAL This Period (last page this line number only).....	

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**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 10	
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 25 2014
Mailing Address		Amount of Each Disbursement this Period 107.30 Transaction ID : SB17.4241
City	State Zip Code MN	
Purpose of Disbursement Posters	004	Transaction ID : SB17.4241
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: MN District: 00		

Full Name (Last, First, Middle Initial) B. Staples UK		Date of Disbursement M M / D D / Y Y Y Y 05 24 2014
Mailing Address Boulevard Retail Park Maskew Ave		Amount of Each Disbursement this Period 372.29 Transaction ID : SB17.4250
City	State Zip Code	
Purpose of Disbursement Posters	004	Transaction ID : SB17.4250
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: MN District: 00		

Full Name (Last, First, Middle Initial) c. Trigraphics		Date of Disbursement M M / D D / Y Y 04 15 2014
Mailing Address 625 East Main St		Amount of Each Disbursement this Period 349.81 Transaction ID : SB17.4248
City	State Zip Code MN 55060	
Purpose of Disbursement fliers	004	Transaction ID : SB17.4248
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: MN District: 00		

SUBTOTAL of Disbursements This Page (optional).....	829.40
TOTAL This Period (last page this line number only).....	3583.37

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SCHEDULE C (FEC Form 3)

LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Victoria Anne Parrish Primary
 Mailing Address 4210 NE 69Th St General
 Other (specify) ▼

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:
 M 01 / D 08 2014 Y M M D / Y 12/31/2014 Y 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 11243.77

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

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

14020633263

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **PARRISH FOR US SENATE** Transaction ID : **SC/10.4258**

LOAN SOURCE Full Name (Last, First, Middle Initial) Victoria Anne Parrish	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
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
2911.20	0.00	2911.20

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 06 / D 15 / Y 2014	M M / D / Y Y Y	% (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)...		2911.20
TOTALS This Period (last page in this line only) ..		14154.97

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

14020633264

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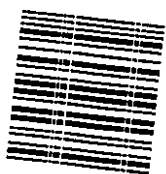
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SECRETARY

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PHONE (202) 224-0222

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS REGISTERED/CERTIFIED _____ Postmark

USPS PRIORITY MAIL 7/15/14 _____ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____ Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
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UPS	_____
DEL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____ Date of Receipt

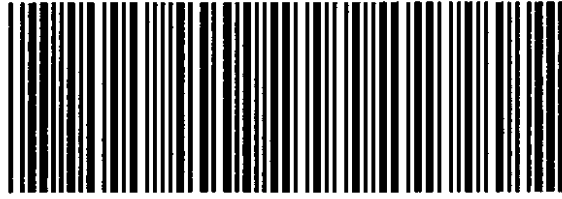
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FAX _____ Date of Receipt

OTHER _____ Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-21-14

14020633266



SEN PATCH



SEN PATCH

14020633267