

**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 67 OF 67	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. MIKE HONDA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>50 W San Fernando St</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>VN7AV9T24S2</b>
City <b>San Jose</b> State <b>CA</b> Zip Code <b>95113-2414</b>	Purpose of Disbursement Contribution	
Candidate Name <b>MIKE HONDA FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CA</b> District: <b>15</b>		

Full Name (Last, First, Middle Initial) <b>B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 12 / 2014</b>
Mailing Address <b>255 Plato Blvd E</b>		Amount of Each Disbursement this Period <b>13844.00</b> Transaction ID : <b>VN7AV9T6XV3</b>
City <b>Saint Paul</b> State <b>MN</b> Zip Code <b>55107-1623</b>	Purpose of Disbursement Unlimited Transfer to State Party	
Candidate Name <b>MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14844.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>14844.00</b>