

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Ellison for Congress

ADDRESS (number and street) PO Box 6072

Check if different than previously reported. (ACC)

Minneapolis MN 55406

2. **FEC IDENTIFICATION NUMBER** C00422410

**CITY** STATE ZIP CODE STATE DISTRICT

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

MN 05

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 [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2007 through 12 31 2007

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 Samuel L Kaplan

Signature of Treasurer Electronically Filed by Samuel L Kaplan Date 06 19 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Ellison for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	178651.17	517504.45
(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)).....	178651.17	517504.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	71546.97	274797.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	870.00	984.89
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70676.97	273812.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	311899.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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 12/2003)

Write or Type Committee Name  
Ellison for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

123091.17

305099.47

(ii) Unitemized.....

20511.00

75550.09

(iii) TOTAL of contributions

143602.17

380649.55

from individuals..... ▶

0.00

5.90

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

35049.00

136849.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

178651.17

517504.45

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.).....

870.00

984.89

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)..... ▶

179521.17

518489.34

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	71546.97	274797.61
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.....	25050.00	28800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	96596.97	303597.61

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	228975.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	179521.17
25. SUBTOTAL (add Line 23 and Line 24).....	408496.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	96596.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	311899.21

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>	
Keith M Ellison		H6MN05183	
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>	
Ellison for Congress		C C00422410	
<b>Committee Address</b> PO Box 6072			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
Minneapolis	MN	55406	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	<b>Primary</b>	<b>General</b>	
1. Gross receipts of authorized committees .....	514109.34	4380.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .....	514109.34	4380.00	

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

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

FOR LINE NUMBER: PAGE 6 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Muhammad Rashid Abbara  
Mailing Address 10701 SW 146th Ct  
City Miami State FL Zip Code 33186-2980  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2007  
Transaction ID: C5372  
Amount of Each Receipt this Period  
2000.00

Name of Employer: Advanced Air Ambulance, Corp.  
Occupation: Director of Operations  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mohamed I. Abdel-Aziz  
Mailing Address 2107 Isle Of Palms Dr  
City Valrico State FL Zip Code 33596-7256  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2007  
Transaction ID: C5373  
Amount of Each Receipt this Period  
250.00

Name of Employer: Self  
Occupation: Physician  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Nathaniel Abdul-Khaliq  
Mailing Address 796 Hague Ave  
City Saint Paul State MN Zip Code 55104-6609  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
10 / 11 / 2007  
Transaction ID: C5245  
Amount of Each Receipt this Period  
500.00

Name of Employer: Self  
Occupation: Real Estate  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Salim Adaya		Date of Receipt MM / DD / YYYY 11 / 19 / 2007				
	Mailing Address 523 14th St		Transaction ID: C5261				
	City Santa Monica	State CA	Zip Code 90402-2927	Amount of Each Receipt this Period 2300.00			
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Name of Employer IDS Real Estate Group					Occupation Investor	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Aakif Ahmad		Date of Receipt MM / DD / YYYY 11 / 21 / 2007				
	Mailing Address 2857 Hunter Rd		Transaction ID: C5262				
	City Fairfax	State VA	Zip Code 22031-1438	Amount of Each Receipt this Period 1000.00			
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Name of Employer Information Requested					Occupation Information Requested	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tufail Ahmad		Date of Receipt MM / DD / YYYY 11 / 21 / 2007				
	Mailing Address 12632 Greenbriar Rd		Transaction ID: C5263				
	City Potomac	State MD	Zip Code 20854-6330	Amount of Each Receipt this Period 1000.00			
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Name of Employer Euro America Shipping					Occupation President	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Parvez Ahmed</p> <p>Mailing Address 12346 Winterpine Ct</p> <p>City State Zip Code Jacksonville FL 32225-6807</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation University of North Florida Professor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 3 0 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5379</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Imran Akram</p> <p>Mailing Address 9396 Farmingdale</p> <p>City State Zip Code Great Falls VA 22066-2104</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Nuaxis, LLC Engineer/Businessman</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 1 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5264</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Baber Hassan Ali</p> <p>Mailing Address 1637 Wilson Ave</p> <p>City State Zip Code Arcadia CA 91006-1828</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Medical Doctor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 2 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5266</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial) Liaquat Ali		Date of Receipt MM / DD / YYYY 12 / 02 / 2007
Mailing Address 18700 SW 33rd Ct		<b>Transaction ID:</b> C5381
City Miramar	State FL	Zip Code 33029-5837
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Info Requested	Occupation Info Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Nayyer Ali		Date of Receipt MM / DD / YYYY 11 / 12 / 2007
Mailing Address 19601 Dearborne Cir		<b>Transaction ID:</b> C5267
City Huntingtn Bch	State CA	Zip Code 92648-6648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
Name of Employer Self	Occupation Medical Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

**C.**

Full Name (Last, First, Middle Initial) Raza Ali		Date of Receipt MM / DD / YYYY 12 / 01 / 2007
Mailing Address 405 Iris St		<b>Transaction ID:</b> C5382
City Celebration	State FL	Zip Code 34747-4624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pediatric Health Care	Occupation Medical Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Syed Wasim Ali

Mailing Address 236 Southpark Cir E

City State Zip Code  
Saint Augustine FL 32086-5137

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

Name of Employer Self Occupation  
Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID: C5383**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nahid Aliniabee

Mailing Address 875 Madonna Way

City State Zip Code  
Los Altos CA 94024-4623

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

Name of Employer Information Requested Occupation  
Educator

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID: C5384**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mohamed Fadi Alsi

Mailing Address 4161 Marcasel Ave

City State Zip Code  
Los Angeles CA 90066

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

Name of Employer Alsi Wood Floors Occupation  
Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

**Transaction ID: C5270**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 119  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Kwao Amegashie

Mailing Address 7541 W River Rd

City State Zip Code  
Brooklyn Park MN 55444-2510

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

Name of Employer Kwao Amegashie Law Office Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

**Transaction ID: C5386**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mohammed Mohsin Ansari

Mailing Address 2461 Las Lunas St

City State Zip Code  
Pasadena CA 91107-2515

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

Name of Employer Primecap Mgmt Co Occupation Portfolio Mgr.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 7

**Transaction ID: C5663**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Sohail Anwar

Mailing Address 1234 Thrush Ave

City State Zip Code  
Miami Springs FL 33166-3153

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

**Transaction ID: C5390**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

**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 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Modar Ashouri

Mailing Address 7361 SW 120th Ave

City Miami State FL Zip Code 33183-3731

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

Name of Employer Kendall Medical Ctr. Occupation Radiologist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2007  
**Transaction ID: C5392**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mowaffak Atfeh

Mailing Address 4322 River Birch Dr

City Spring Hill State FL Zip Code 34607-2514

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2007  
**Transaction ID: C5393**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Asad M. Ba-Yunus

Mailing Address 2866 SW 130th Ter

City Miramar State FL Zip Code 33027-3856

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2007  
**Transaction ID: C5396**  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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 13 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tarek Bakdash, MD.  
Mailing Address 13445 Twinberry Dr  
City State Zip Code  
Spring Hill FL 34609-6708  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Community Neurological Ce- Physician  
ter  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7  
Transaction ID: C5397  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fauzia Bakshi  
Mailing Address 8601 Vista Point Cv  
City State Zip Code  
Orlando FL 32836-6306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Orlando Dermatology Accountant  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 7  
Transaction ID: C5398  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ahmed Reda Bata  
Mailing Address 508 Porpoise Point Dr  
City State Zip Code  
Saint Augustine FL 32084-2960  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Florida Hospital Cardiologist  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7  
Transaction ID: C5399  
Amount of Each Receipt this Period  
300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**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 14 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ali Bazzi, MD  
Mailing Address 1700 NE 199th St  
City Miami State FL Zip Code 33179-3119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Palmetto General Hospital Occupation Cardiologist  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5400  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
M. S. Behairy  
Mailing Address 817 S University Dr Ste 104  
City Plantation State FL Zip Code 33324-3345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5401  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Steve Bing  
Mailing Address 15821 Ventura Blvd Ste 500  
City Encino State CA Zip Code 91436-2945  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Film Producer  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 11 / 21 / 2007  
Transaction ID: C5277  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00  
**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 15 / 119  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Steve Bing

Mailing Address 15821 Ventura Blvd  
Ste 500

City Encino State CA Zip Code 91436-2945

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

Name of Employer Self Occupation Film Producer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 11 / 21 / 2007

Transaction ID: C5278

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jane Blanch

Mailing Address 644 Indian Mound St

City Wayzata State MN Zip Code 55391-1709

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

Name of Employer Self Occupation Business

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2007

Transaction ID: C5405

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jeff Blogett

Mailing Address 1437 Chelnoford St.

City Saint Paul State MN Zip Code 55108

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

Name of Employer Wellstone Action Occupation Executive Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 29 / 2007

Transaction ID: C5172

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2800.00

**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 16 / 119  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Katherine Brennan

Mailing Address 1226 Hague Ave

City State Zip Code  
Saint Paul MN 55104-6415

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

Name of Employer Occupation  
United Health Group Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** C5167

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jerry Burg

Mailing Address 3308 Emerson Ave S

City State Zip Code  
Minneapolis MN 55408-3527

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

Name of Employer Occupation  
Heltzer & Burg, PLC Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** C5212

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Nadira Chaudhry

Mailing Address 855 Dolley Madison Blvd

City State Zip Code  
McLean VA 22101-2404

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** C5284

Amount of Each Receipt this Period  
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 17 / 119

(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Arshad P Cheema

Mailing Address 408 Montpelier Rd

City State Zip Code  
Great Falls VA 22066-3114

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

Name of Employer Self Occupation  
Physician

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C5285

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mazhar H Chughtai

Mailing Address 7219 White House Dr

City State Zip Code  
Springfield VA 22153-2366

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

Name of Employer The Goddard School Occupation  
President

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C5286

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Ann Ciresi

Mailing Address 1247 Culligan Ln

City State Zip Code  
Saint Paul MN 55118-4151

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

Name of Employer N/A Occupation  
Homemaker

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: C5168

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2250.00

**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 18 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mike Ciresi

Mailing Address 1247 Culligan Ln

City State Zip Code  
Saint Paul MN 55118-4151

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

Name of Employer Robins, Miller, Kaplan & Ciresi      Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID: C5169**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Doured Daghisoni

Mailing Address 5975 SW 104th St

City State Zip Code  
Miami FL 33156-4130

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

Name of Employer Self      Occupation Medical Doctor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2007

**Transaction ID: C5422**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Joseph Daly

Mailing Address 4016 24th Ave S

City State Zip Code  
Minneapolis MN 55406-3024

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

Name of Employer Hamline University      Occupation Professor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2007

**Transaction ID: C5221**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 19 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Deak

Mailing Address 2777 Summer Street  
NLR

City State Zip Code  
Stamford CT 06905

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

Name of Employer Bittachon Holdings, Inc. Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: C5203

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ELamin El-Amin

Mailing Address 72 Camelot Ridge Dr

City State Zip Code  
Brandon FL 33511-8089

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

Name of Employer USF Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: C5432

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Adel M Eldin, MD

Mailing Address 14037 Andrew Scott Rd

City State Zip Code  
Brooksville FL 34609-0858

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

Name of Employer Brooksville Cardiology Occupation Cardiologist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

Transaction ID: C5433

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Matthew Entenza

Mailing Address 1647 Portland Ave

City State Zip Code  
Saint Paul MN 55104-6838

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

4380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID: C5647**

Amount of Each Receipt this Period  
600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Event Expenses

**B.** Full Name (Last, First, Middle Initial)  
Matthew Entenza

Mailing Address 1647 Portland Ave

City State Zip Code  
Saint Paul MN 55104-6838

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

4380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID: C5648**

Amount of Each Receipt this Period  
480.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Event Food

**C.** Full Name (Last, First, Middle Initial)  
Matthew Entenza

Mailing Address 1647 Portland Ave

City State Zip Code  
Saint Paul MN 55104-6838

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

4380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 7

**Transaction ID: C5435**

Amount of Each Receipt this Period  
220.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 21 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Matthew Entenza

Mailing Address 1647 Portland Ave

City State Zip Code  
Saint Paul MN 55104-6838

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** C3854118

Amount of Each Receipt this Period  
2080.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

4380.00

**B.** Full Name (Last, First, Middle Initial)  
Atif Fareed

Mailing Address 175 E Trade Winds Rd

City State Zip Code  
Winter Springs FL 32708-3500

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

Name of Employer Occupation  
Southwest Airlines Pilot

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

**Transaction ID:** C5437

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

2300.00

**C.** Full Name (Last, First, Middle Initial)  
Muhanned Farraj

Mailing Address 10402 NW 60th PI

City State Zip Code  
Parkland FL 33076-2521

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

Name of Employer Occupation  
MTF Trading Inc. Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

**Transaction ID:** C5438

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4880.00**

**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 22 / 119

(check only one)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Joyce Field

Mailing Address 152 Groveland Ter

City Minneapolis	State MN	Zip Code 55403-1148
---------------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00
---	------------------------------------

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2007

Transaction ID: C5439

Amount of Each Receipt this Period  
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
Steve Foley

Mailing Address 250 Marquette Ave  
Ste 1200

City Minneapolis	State MN	Zip Code 55401-1874
---------------------	-------------	------------------------

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

Name of Employer Foley & Mansfield LLP	Occupation Attorney
---	------------------------

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 875.00
---	------------------------------------

Date of Receipt  
MM / DD / YYYY  
12 / 12 / 2007

Transaction ID: C5653

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Event Refreshments

C.

Full Name (Last, First, Middle Initial)  
Steve Foley

Mailing Address 250 Marquette Ave  
Ste 1200

City Minneapolis	State MN	Zip Code 55401-1874
---------------------	-------------	------------------------

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

Name of Employer Foley & Mansfield LLP	Occupation Attorney
---	------------------------

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 875.00
---	------------------------------------

Date of Receipt  
MM / DD / YYYY  
12 / 12 / 2007

Transaction ID: C5654

Amount of Each Receipt this Period  
625.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Event Food

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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 23 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mohamed Ghabour</p> <p>Mailing Address 3405 Sylvan Shadow St</p> <p>City State Zip Code Valrico FL 33596-9211</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Pediatrix Medical Group Medical Doctor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 0 1 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5447</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Nasrullah Ghafoor</p> <p>Mailing Address 4466 Swilcan Bridge Ln N</p> <p>City State Zip Code Jacksonville FL 32224-5617</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Baptist Health Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 3 0 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5448</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Abdollah Gilani</p> <p>Mailing Address 11704 Wilshire Blvd Ste 224</p> <p>City State Zip Code Los Angeles CA 90025-1504</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Surgeon</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 2 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5298</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>

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

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

FOR LINE NUMBER: PAGE 24 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ali Gilani  
Mailing Address 5583 Campo Walk  
City Long Beach State CA Zip Code 90803-3907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Experian Occupation Director of Information Security  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 2300.00  
Date of Receipt 11 / 12 / 2007  
Transaction ID: C5297  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Tahra Goraya  
Mailing Address PO Box 15335  
City Washington State DC Zip Code 20003-0335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CAIR Occupation Executive Director  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 250.00  
Date of Receipt 12 / 05 / 2007  
Transaction ID: C5450  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Tamer M Gozleveli  
Mailing Address 2847 NE 26th Pl  
City Ft Lauderdale State FL Zip Code 33306-1908  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5452  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3550.00  
**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 25 / 119

(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Karen M Grabow

Mailing Address 2743 Dean Pkwy

City State Zip Code  
Minneapolis MN 55416-4382

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

Name of Employer Occupation  
Land O' Lakes Human Resources

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: C5453

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Green

Mailing Address 4631 Bruce Ave

City State Zip Code  
Edina MN 55424-1124

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

Name of Employer Occupation  
TCF National Bank Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: C5229

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Ashraf Habbak

Mailing Address 20687-2 Amar Rd, #507

City State Zip Code  
Walnut CA 91789

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

Name of Employer Occupation  
California Dept. of Transportation Project Mgr/Civil Engineer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 7

Transaction ID: C5301

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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 26 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Naeem Haider, MD

Mailing Address 3599 University Blvd S  
Ste 805

City State Zip Code  
Jacksonville FL 32216-4262

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

Name of Employer Occupation  
Nephrology Group of FL Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID: C5456**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mohammad A Hajianpour

Mailing Address 2406 Barcelona Dr

City State Zip Code  
Ft Lauderdale FL 33301-1557

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

Name of Employer Occupation  
Florida Medical Center Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2007

**Transaction ID: C5457**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hana Hakim

Mailing Address 9319 Tibet Pointe Cir

City State Zip Code  
Windermere FL 34786-5632

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

Name of Employer Occupation  
Self Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2007

**Transaction ID: C5655**

Amount of Each Receipt this Period  
1756.17

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Food for Event

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2756.17**

**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 27 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jamal Hakim

Mailing Address 9319 Tibet Pointe Cir

City State Zip Code  
Windermere FL 34786-5632

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

Name of Employer Anesthesiologists of Gr. Orlando  
Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	7

**Transaction ID:** C5458

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Saleh Hamdam

Mailing Address 130 W Orange Grove Ave

City State Zip Code  
Arcadia CA 91006-1814

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

Name of Employer Self  
Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	7

**Transaction ID:** C5302

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ajmal Hameed, MD

Mailing Address 7725 Royal Crest Dr

City State Zip Code  
Jacksonville FL 32256-2345

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

Name of Employer Digestive Disease Consultant  
Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

**Transaction ID:** C5459

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

**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 28 / 119  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amjad Hammad

Mailing Address 10330 Majestic Ct

City Parkland State FL Zip Code 33076-4804

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

Name of Employer Hammad Enterprises Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 12 / 02 / 2007  
Transaction ID: C5460  
Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mustafa A Haque

Mailing Address 6406 Maiden Ln

City Bethesda State MD Zip Code 20817-5612

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

Name of Employer Self Occupation Orthopedic Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 21 / 2007  
Transaction ID: C5303  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sawsan Hasbini

Mailing Address 13717 Canterfield Dr

City Riverview State FL Zip Code 33579-9110

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 12 / 01 / 2007  
Transaction ID: C5464  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 29 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Danah Rae Hashem

Mailing Address 210 Prospect St

City State Zip Code  
South Easton MA 02375-1409

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

Name of Employer Occupation  
None Student

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** C5187

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Masood Hassan

Mailing Address 11752 Mariposa Bay Ln

City State Zip Code  
Northridge CA 91326-4105

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

Name of Employer Occupation  
Teledyne Technologies General Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** C5166

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Taghrid G Hassan

Mailing Address 11937 Green Oak Dr

City State Zip Code  
Davie FL 33330-1913

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

**Transaction ID:** C5465

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

**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 30 / 119  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rebecca J. Heltzer

Mailing Address 2375 Buford Ave

City State Zip Code  
Saint Paul MN 55108-1642

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

Name of Employer Occupation  
Heltzer & Burg, PLC Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2007

**Transaction ID:** C5194

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Diane Hofstede

Mailing Address 610 Ramsey St NE

City State Zip Code  
Minneapolis MN 55413-1825

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

Name of Employer Occupation  
City of Minneapolis City Council Member

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2007

**Transaction ID:** C5305

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Herbert Igbanugo

Mailing Address 12900 32nd Ave N

City State Zip Code  
Plymouth MN 55441-2713

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

Name of Employer Occupation  
Igbanugo Partners LLP Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
12 / 12 / 2007

**Transaction ID:** C5649

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Event Refreshments

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 31 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Herbert Igbanugo  
Mailing Address 12900 32nd Ave N  
City Plymouth State MN Zip Code 55441-2713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Igbanugo Partners LLP Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
2250.00  
Date of Receipt 12 / 12 / 2007  
Transaction ID: C5650  
Amount of Each Receipt this Period 1250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* In-Kind: Event Food

**B.** Full Name (Last, First, Middle Initial)  
Mohammad Ilyas  
Mailing Address 11054 Diamler Ct  
City Jacksonville State FL Zip Code 32246-9378  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Florida Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
300.00  
Date of Receipt 11 / 30 / 2007  
Transaction ID: C5472  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sheema Imam  
Mailing Address 7805 Rittenhouse Ln  
City Jacksonville State FL Zip Code 32256-3631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baymeadows Primary Care Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
500.00  
Date of Receipt 12 / 05 / 2007  
Transaction ID: C5473  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00  
**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 32 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ahmad Irfan, MD

Mailing Address 2003 Pioneer St  
# A

City State Zip Code  
Waycross GA 31501-6249

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: C5474

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Donald P Irish

Mailing Address 3611 14th Ave S

City State Zip Code  
Minneapolis MN 55407-2711

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Transaction ID: C5217

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Donald P Irish

Mailing Address 3611 14th Ave S

City State Zip Code  
Minneapolis MN 55407-2711

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	7

Transaction ID: C5476

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 33 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donald P Irish

Mailing Address 3611 14th Ave S

City State Zip Code  
Minneapolis MN 55407-2711

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
400.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2007

Transaction ID: C5475

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Asad Ishoof

Mailing Address 11450 SW 60th Ave

City State Zip Code  
Miami FL 33156-4925

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

Name of Employer Occupation  
Self-Employed Medical Doctor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2007

Transaction ID: C5477

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Saif Ishoof

Mailing Address 9238 SW 132nd St

City State Zip Code  
Miami FL 33176-5742

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

Name of Employer Occupation  
FCT Technologies, Inc. Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2007

Transaction ID: C5478

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 34 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frank F Islam

Mailing Address 11808 Centurion Way

City Potomac State MD Zip Code 20854-6419

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

Name of Employer FI Investments Occupation Investor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2007  
**Transaction ID: C5309**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mohsin Jaffer

Mailing Address 2700 Walkers Way

City Weston State FL Zip Code 33331-3021

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

Name of Employer University of Miami Occupation Clinical Professional

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 02 / 2007  
**Transaction ID: C5479**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Imad Nawras Jandali, MD

Mailing Address 4355 Harborpointe Dr

City Port Richey State FL Zip Code 34668-6172

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

Name of Employer All Pediatric Care Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2007  
**Transaction ID: C5480**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 35 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles R Jorgensen</p> <p>Mailing Address 1615 E River Pkwy</p> <p>City State Zip Code Minneapolis MN 55414-3627</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 3 0 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5484</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mohammad Joud</p> <p>Mailing Address 3382 St Ives Blvd</p> <p>City State Zip Code Spring Hill FL 34609-3155</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-Employed Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 0 2 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5485</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Abdul R Kani</p> <p>Mailing Address 7740 Watermark Ln S</p> <p>City State Zip Code Jacksonville FL 32256-4108</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Jacksonville Cardiovascul- ar Ct Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 3 0 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> C5486</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 119  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Kaleem Kawaja

Mailing Address 11649 Masters Run

City State Zip Code  
Ellicott City MD 21042-1538

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

Name of Employer  
Assoc. of Indian Muslims of Am  
Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mike A Kerton

Mailing Address 31745 N Alleghany Rd

City State Zip Code  
Grayslake IL 60030-9509

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

Name of Employer  
Landscape Concepts  
Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Abdulsalam Khalil

Mailing Address 13442 Rudi Loop

City State Zip Code  
Spring Hill FL 34609-7962

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

Name of Employer  
Allen - Khalil MD, PA  
Occupation  
Office Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 37 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Fazal Khan

Mailing Address 17 Potomac Manors Ct

City Potomac State MD Zip Code 20854-4919

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2007  
**Transaction ID: C5311**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
G. Quadir Khan, MD

Mailing Address 3335 Bishop Estates Rd

City Jacksonville State FL Zip Code 32259-3053

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2007  
**Transaction ID: C5498**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Husman Khan, MD

Mailing Address 11550 NW 20th St

City Plantation State FL Zip Code 33323-2062

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2007  
**Transaction ID: C5499**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 38 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Shafiq A Khan  
Mailing Address 18513 Fontana Ln  
City Gaithersburg State MD Zip Code 20879-5430  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marriott International Occupation Hotel Executive  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 11 / 21 / 2007  
Transaction ID: C5313  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Shaheed Khan  
Mailing Address 3600 Paddock Rd  
City Weston State FL Zip Code 33331-3522  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Pediatrician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5495  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Unser Khan  
Mailing Address 7728 Yosemite Ln  
City Parkland State FL Zip Code 33067-2323  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5496  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 39 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Zakir Khan  
 Mailing Address 2475 NW 41st St  
 City State Zip Code  
 Boca Raton FL 33431-8420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Neruo Center General Manager  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 500.00  
 Transaction ID: C5497  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lin Khatib  
 Mailing Address 196 E Mount Pleasant Ave  
 City State Zip Code  
 Livingston NJ 07039-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 500.00  
 Transaction ID: C5500  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mays Khatib  
 Mailing Address  
 City State Zip Code  
 West Orange NJ 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info Requested Info Requested  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 500.00  
 Transaction ID: C5501  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**  
**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 40 / 119  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Max Kuderko

Mailing Address 2031 Norway Pine Cir

City State Zip Code  
Minnetonka MN 55305-2417

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

Name of Employer Self-Employed Occupation  
Physician

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

Transaction ID: C5505

Amount of Each Receipt this Period

100.00
--------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Ashfaq Kudia, MD

Mailing Address PO Box 3208

City State Zip Code  
Saint Augustine FL 32085-3208

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

Name of Employer Self Occupation  
Physician

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	7

Transaction ID: C5506

Amount of Each Receipt this Period

500.00
--------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Ahmad H Lateef

Mailing Address 14581 Edgemere Dr

City State Zip Code  
Spring Hill FL 34609-0687

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

Name of Employer Anesthesiologist Associates Occupation  
Physician

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

Transaction ID: C5507

Amount of Each Receipt this Period

500.00
--------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1100.00
---------

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

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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 41 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Syed K Lateef

Mailing Address 922 Point Cypress Dr

City State Zip Code  
Orlando FL 32836

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

Name of Employer Occupation  
Florida Hospital Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

**Transaction ID: C5508**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Osman Latif

Mailing Address 5136 W Longfellow Ave

City State Zip Code  
Tampa FL 33629-7534

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

Name of Employer Occupation  
Watson Clinic Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

**Transaction ID: C5510**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Edward Urling Lofstrom

Mailing Address 3841 Joppa Ave S

City State Zip Code  
Saint Louis Park MN 55416-4941

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

Name of Employer Occupation  
Ellis & Associates Inc. Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID: C5220**

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 42 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ghiath Mahmaljy  
 Mailing Address 1225 Buckhurst Dr  
 City State Zip Code  
 Spring Hill FL 34609-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oak Hill Hospital Doctor  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 1000.00  
 Transaction ID: C5517  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Syed Malik  
 Mailing Address 8786 Lake Tibet Ct  
 City State Zip Code  
 Orlando FL 32836-5481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Surgeon  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 250.00  
 Transaction ID: C5518  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kyle B. Mansfield  
 Mailing Address 122 Elmwood PI W  
 City State Zip Code  
 Minneapolis MN 55419-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Foley & Mansfield Attorney  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 1375.00  
 Transaction ID: C5522  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**  
**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 43 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kyle B. Mansfield  
Mailing Address 122 Elmwood PI W  
City Minneapolis State MN Zip Code 55419-1322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foley & Mansfield Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
1375.00  
Date of Receipt 12 / 12 / 2007  
Transaction ID: C5651  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* In-Kind: Event Refreshments

**B.** Full Name (Last, First, Middle Initial)  
Kyle B. Mansfield  
Mailing Address 122 Elmwood PI W  
City Minneapolis State MN Zip Code 55419-1322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foley & Mansfield Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
1375.00  
Date of Receipt 12 / 12 / 2007  
Transaction ID: C5652  
Amount of Each Receipt this Period 625.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* In-Kind: Event Food

**C.** Full Name (Last, First, Middle Initial)  
Jenifer Martin  
Mailing Address 16110 36th PI N  
City Plymouth State MN Zip Code 55446-2198  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Consultant  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
350.00  
Date of Receipt 11 / 28 / 2007  
Transaction ID: C5524  
Amount of Each Receipt this Period 150.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00  
**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 44 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mohamad Masri

Mailing Address 6705 SW 75th Ave

City Miami State FL Zip Code 33143-2816

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

Name of Employer Self Occupation Surgeon

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 02 / 2007

Transaction ID: C5525

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1425 10th Ave S Apt 151

City Minneapolis State MN Zip Code 55404-1362

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 28 / 2007

Transaction ID: C5530

Amount of Each Receipt this Period: 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Khalid Mirza

Mailing Address 13100 Mustang Trl

City Southwest Ranches State FL Zip Code 33330-3739

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

Name of Employer Palmetto Care Center Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 27 / 2007

Transaction ID: C5533

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 45 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
M. Yaqub Mirza  
Mailing Address 11922 Safa Ct. Lot 10  
City Herndon State VA Zip Code 20170  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sterling Management Group, Inc. Occupation CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 17 / 2007  
Transaction ID: C5534  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Farooq Mitha  
Mailing Address 400 Windermere Dr  
City Lakeland State FL Zip Code 33809-3359  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Student  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 05 / 2007  
Transaction ID: C5536  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mohammed N Mona  
Mailing Address 7849 Rittenhouse Ln  
City Jacksonville State FL Zip Code 32256-3631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 11 / 30 / 2007  
Transaction ID: C5537  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**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 46 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Jane Monson

Mailing Address 401 S 1st St  
Unit 306

City Minneapolis State MN Zip Code 55401-2562

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2007  
**Transaction ID: C5538**  
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Yvonne Moore

Mailing Address 1926 Penn Ave N

City Minneapolis State MN Zip Code 55411-2404

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 385.00

Date of Receipt 10 / 29 / 2007  
**Transaction ID: C5184**  
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sheila Morgan

Mailing Address 4716 W Lake Harriet Pkwy

City Minneapolis State MN Zip Code 55410-1923

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

Name of Employer N/A Occupation None

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2007  
**Transaction ID: C5324**  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**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 47 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Shabbir Motorwala  
Mailing Address 6800 SW 135th Ave  
City Miami State FL Zip Code 33183-2325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Robert's Drug Store Occupation Pharmacist  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 400.00  
Transaction ID: C5540  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Anas Moureiden  
Mailing Address 7376 Royal Oak Dr  
City Spring Hill State FL Zip Code 34607-2339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 1000.00  
Transaction ID: C5541  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Azzam Muftah  
Mailing Address 12900 Cortez Blvd.  
City Brooksville State FL Zip Code 34613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Medical Doctor  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 1000.00  
Transaction ID: C5543  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00  
**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 48 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Wayne Munday

Mailing Address 19732 Rush St NW

City Elk River State MN Zip Code 55330-8226

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

Name of Employer Self Occupation Social Worker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt: 10 / 17 / 2007  
**Transaction ID: C5185**  
 Amount of Each Receipt this Period: 20.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wayne Munday

Mailing Address 19732 Rush St NW

City Elk River State MN Zip Code 55330-8226

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

Name of Employer Self Occupation Social Worker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt: 11 / 24 / 2007  
**Transaction ID: C5325**  
 Amount of Each Receipt this Period: 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Suhail Nanji

Mailing Address 6811 NW 117th Ave

City Parkland State FL Zip Code 33076-3320

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

Name of Employer Taos Financial Advisors, LLC Occupation Financial Advisor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt: 12 / 02 / 2007  
**Transaction ID: C5548**  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

**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 49 / 119  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Ravish Narvel

Mailing Address 708 Queens Harbor Blvd

City State Zip Code  
Jacksonville FL 32225-4901

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

Name of Employer Self Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID: C5549**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mahmoud A Nimer

Mailing Address 5040 Willow Oak Ln

City State Zip Code  
Weeki Wachee FL 34607-2362

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

Name of Employer Self Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2007

**Transaction ID: C5555**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
M. Obinna Nwaneri

Mailing Address 1703 Bohland Ave

City State Zip Code  
Saint Paul MN 55116-2126

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

Name of Employer Minnesota Oncology Hematology, PA Occupation  
Medical Doctor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2007

**Transaction ID: C5327**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 50 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Paschal Nwokocha  
Mailing Address 4680 Orleans Ln N  
City Plymouth State MN Zip Code 55442-2511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paschal Nwokocha Law Offices, LLC Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 12 / 05 / 2007  
Transaction ID: C5557  
Amount of Each Receipt this Period: 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Esam Omeish  
Mailing Address 3133 Barkley Dr  
City Fairfax State VA Zip Code 22031-2720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physican  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 11 / 21 / 2007  
Transaction ID: C5328  
Amount of Each Receipt this Period: 450.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas W. Pahl  
Mailing Address 6655 Pinnacle Dr  
City Eden Prairie State MN Zip Code 55346-1908  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foley & Mansfield, LLP Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 12 / 05 / 2007  
Transaction ID: C5563  
Amount of Each Receipt this Period: 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**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 51 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Aneesa Parks  
Mailing Address 1500 Queen Ave N  
City Minneapolis State MN Zip Code 55411-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Minneapolis Public Schools Occupation Teacher  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 320.00  
Date of Receipt 10 / 17 / 2007  
Transaction ID: C5176  
Amount of Each Receipt this Period 20.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Karen Pieper  
Mailing Address 4119 Blaisdell Ave  
City Minneapolis State MN Zip Code 55409-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer All Saints Lutheran Church, Cottage Gr Occupation Music Director  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00  
Date of Receipt 10 / 01 / 2007  
Transaction ID: C5223  
Amount of Each Receipt this Period 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gregory Pulles  
Mailing Address 4625 Xene Ln N  
City Plymouth State MN Zip Code 55446-2191  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TCF Bank Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 10 / 29 / 2007  
Transaction ID: C5228  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 320.00  
**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 52 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Syed Mujeeb Qadri

Mailing Address 1003 Brightwater Cir

City Maitland State FL Zip Code 32751-4225

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 12 / 01 / 2007  
**Transaction ID: C5569**  
 Amount of Each Receipt this Period: 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Affan Quadri

Mailing Address 2021 Rivergate Dr

City Orange Park State FL Zip Code 32003-8672

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 11 / 30 / 2007  
**Transaction ID: C5570**  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lois Quam

Mailing Address 1647 Portland Ave

City Saint Paul State MN Zip Code 55104-6838

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

Name of Employer Ovations Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 12 / 27 / 2007  
**Transaction ID: C5571**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**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 53 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Samina Qureshi, MD  
Mailing Address 7735 NW 47th Dr

City State Zip Code  
Coral Springs FL 33067-2050

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

Name of Employer: North Ridge Medical Ctr   Occupation: Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼   500.00

Date of Receipt: 12 / 02 / 2007  
**Transaction ID: C5573**  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Zahid H. Qureshi, MD  
Mailing Address 7735 NW 47th Dr

City State Zip Code  
Coral Springs FL 33067-2050

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

Name of Employer: North Ridge Medical Ctr   Occupation: Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼   500.00

Date of Receipt: 12 / 02 / 2007  
**Transaction ID: C5574**  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Aquilar Rahman  
Mailing Address 10521 Alloway Dr

City State Zip Code  
Potomac MD 20854-1662

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

Name of Employer: N&N Scientific   Occupation: President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼   1000.00

Date of Receipt: 11 / 21 / 2007  
**Transaction ID: C5332**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ►   **2000.00**

**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 54 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Syed Ali Rahman  
Mailing Address 83 Gables Blvd  
City Weston State FL Zip Code 33326-2599  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5575  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nasir Rahmatullah  
Mailing Address 9710 Maywood Dr  
City Windermere State FL Zip Code 34786-8317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 12 / 01 / 2007  
Transaction ID: C5576  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Rebecca Rand  
Mailing Address 2401 Meeting St  
City Wayzata State MN Zip Code 55391-2232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 750.00  
Date of Receipt 10 / 23 / 2007  
Transaction ID: C5195  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**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 55 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mobeen H. Rathore

Mailing Address 8132 Middle Fork Ln

City State Zip Code  
Jacksonville FL 32256-7368

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

Name of Employer Occupation  
University of Florida Professor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID: C5577**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Paul Ravich

Mailing Address 4545 IDS Center

City State Zip Code  
Minneapolis MN 55402

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

Name of Employer Occupation  
Ravich Meyer Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID: C5247**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
M Allam Reheem

Mailing Address 11492 Stoneville Ct

City State Zip Code  
Spring Hill FL 34609-3954

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

Name of Employer Occupation  
Self Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

**Transaction ID: C5580**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

**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 56 / 119  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial) Arkam Rehman		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
Mailing Address 2171 Trailwood Dr		<b>Transaction ID:</b> C5581
City Orange Park	State FL	Zip Code 32003-4925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Eugene M Rerat, III		Date of Receipt MM / DD / YYYY 12 / 05 / 2007
Mailing Address 1201 Yale Pl Apt 2204		<b>Transaction ID:</b> C5582
City Minneapolis	State MN	Zip Code 55403-1961
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Base Management	Occupation Real Estate Developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Nabil Rifaie		Date of Receipt MM / DD / YYYY 12 / 05 / 2007
Mailing Address 11903 N 53rd St		<b>Transaction ID:</b> C5585
City Tampa	State FL	Zip Code 33617-1607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Zaina Food Stores Inc	Occupation Business Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 119  
(check only one)

<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)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Glenda Rooney

Mailing Address 3244 Emerson Ave S

City State Zip Code  
Minneapolis MN 55408-3522

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

Name of Employer Occupation  
Augsburg College Professor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** C5210

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Abd Salhab

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

**Transaction ID:** C5591

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Shakil Saulat

Mailing Address 3630 Woodview Dr

City State Zip Code  
Orange Park FL 32065-4281

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

Name of Employer Occupation  
Self Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** C5594

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 58 / 119

(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Shakil Saulat

Mailing Address 3630 Woodview Dr

City State Zip Code  
Orange Park FL 32065-4281

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation  
Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2007

**Transaction ID:** C5595

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Rahim Shah

Mailing Address 10305 Media Street

City State Zip Code  
Jacksonville FL 32219

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation  
Business Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2007

**Transaction ID:** C5602

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Naazli M Shaikh

Mailing Address 8987 Bevington Ln

City State Zip Code  
Orlando FL 32827-7058

FEC ID number of contributing federal political committee. C

Name of Employer Florida Eye Clinic Occupation  
Ophthalmologist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2007

**Transaction ID:** C5603

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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 59 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Samir M Shakfeh  
Mailing Address 14361 Hunt Club Ln  
City Brooksville State FL Zip Code 34609-0318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5604  
Amount of Each Receipt this Period 400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Shama Sheik  
Mailing Address 8507 Rustic Gate Ct  
City Orlando State FL Zip Code 32819-4936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 01 / 2007  
Transaction ID: C5606  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Husam Shuayb, MD  
Mailing Address 11373 Cortez Blvd  
City Brooksville State FL Zip Code 34613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Gastroenterologist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5609  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00  
**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 60 / 119

(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mohammad Shuayb

Mailing Address 229 Mariner Blvd

City State Zip Code  
Spring Hill FL 34609-5692

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** C5607

Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mujib Shuayb

Mailing Address 4081 Braemere Dr

City State Zip Code  
Spring Hill FL 34609-0680

FEC ID number of contributing federal political committee. C

Name of Employer Castle Dental Center Occupation Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** C5608

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Murad Siam

Mailing Address 515 S Figueroa St  
1600

City State Zip Code  
Los Angeles CA 90071

FEC ID number of contributing federal political committee. C

Name of Employer IDS Real Estate Occupation Chief Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY  
11 / 12 / 2007

**Transaction ID:** C5338

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 4300.00

**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 61 / 119

(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Islam Siddiqui

Mailing Address 6056 Sugarstone Ct

City State Zip Code  
McLean VA 22101-3247

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

Name of Employer Occupation  
Croplife America VP of Science & Regulatory affairs

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: C5340

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Shoaib Anwer Siddiqui

Mailing Address 10407 Emerald Woods Ave

City State Zip Code  
Orlando FL 32836-5971

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

Name of Employer Occupation  
Florida Hospital Physician

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: C5610

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
John Sims, Sr.

Mailing Address 4509 Oakland Ave

City State Zip Code  
Minneapolis MN 55407

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

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: C5613

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1350.00

**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 62 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Adam Soliman  
 Mailing Address 2519 Meadow Rose Blvd  
 City State Zip Code  
 Saint Cloud MN 56301-7401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Cloud ENT Clinic Physician  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period  
 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fawzi Soliman  
 Mailing Address 7533 Jomel Dr  
 City State Zip Code  
 Weeki Wachee FL 34607-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ghulam Suhrawardi  
 Mailing Address 155 Mercer Rd  
 City State Zip Code  
 Colts Neck NJ 07722-1722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NMCI Group President  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period  
 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**  
**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 63 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Osama Suliman  
Mailing Address 207 8th St E  
City State Zip Code  
Saint Petersburg FL 33715-2248  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt: 12 / 05 / 2007  
Transaction ID: C5619  
Amount of Each Receipt this Period: 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William Svrluga, Jr.  
Mailing Address 2115 22nd Ave S  
City State Zip Code  
Minneapolis MN 55404-3128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Public Strategies Group Occupation Consultant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00  
Date of Receipt: 11 / 05 / 2007  
Transaction ID: C5346  
Amount of Each Receipt this Period: 600.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mohammad Z Tabibi  
Mailing Address 8605 Menteith Ter  
City State Zip Code  
Miami Lakes FL 33016-1427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer COTO Pharmacy Inc Occupation General Manager  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00  
Date of Receipt: 12 / 02 / 2007  
Transaction ID: C5621  
Amount of Each Receipt this Period: 400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00  
**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 64 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Moiez Tapia  
Mailing Address 5904 SW 64th Pl  
City South Miami State FL Zip Code 33143-2056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Miami Occupation Engineer  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 12 / 02 / 2007  
Transaction ID: C5622  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alice Theobald  
Mailing Address 4021 Aldrich Ave S  
City Minneapolis State MN Zip Code 55409-1415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 300.00  
Date of Receipt 11 / 05 / 2007  
Transaction ID: C5348  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Omer Totonji  
Mailing Address 305 Marjorie Ln  
City Herndon State VA Zip Code 20170-3334  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ALJ Occupation Information Requested  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 29 / 2007  
Transaction ID: C5627  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**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 65 / 119  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Umolac  
Mailing Address PO Box 3839  
City Minneapolis State MN Zip Code 55403-0839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Global Vision Imports  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 362.00  
Date of Receipt: 10 / 17 / 2007  
Transaction ID: C5198  
Amount of Each Receipt this Period: 20.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Umolac  
Mailing Address PO Box 3839  
City Minneapolis State MN Zip Code 55403-0839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Global Vision Imports  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 362.00  
Date of Receipt: 10 / 29 / 2007  
Transaction ID: C5199  
Amount of Each Receipt this Period: 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Umolac  
Mailing Address PO Box 3839  
City Minneapolis State MN Zip Code 55403-0839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Global Vision Imports  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 362.00  
Date of Receipt: 12 / 05 / 2007  
Transaction ID: C5631  
Amount of Each Receipt this Period: 20.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00  
**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 66 / 119

(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Shahid Usmani

Mailing Address 9005 Great Heron Cir

City State Zip Code  
Orlando FL 32836-5484

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: C5632

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Zohreh Vaez-Ghaem

Mailing Address 3523 Vista Ct

City State Zip Code  
Miami FL 33133-4026

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

Name of Employer Occupation  
Haji Group, LLC Member

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

Transaction ID: C5633

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Ibrahim Varol

Mailing Address 1280 SW 101st Ter  
207

City State Zip Code  
Pembroke Pines FL 33025

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

Name of Employer Occupation  
Anatolia Cultural Center President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

Transaction ID: C5634

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1750.00

**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 67 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Naushad Virji

Mailing Address 3231 Regal Crest Dr

City State Zip Code  
Longwood FL 32779

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

Name of Employer Occupation  
Virji Investments, Inc. Investment Advisor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: C5637

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Anila Wahid

Mailing Address 12451 NW 15th Pl Apt 206

City State Zip Code  
Sunrise FL 33323-5229

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 7

Transaction ID: C5639

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ellen Wolfson

Mailing Address 19 S. 1st St #1802

City State Zip Code  
Minneapolis MN 55401

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

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: C5182

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 68 / 119
	(check only one)	
<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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial) Abdolsamad Yadkouri		Date of Receipt MM / DD / YYYY 12 / 02 / 2007
Mailing Address 8505 Franjo Rd		<b>Transaction ID:</b> C5644
City Cutler Bay	State FL	Zip Code 33189-2517
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Tashie Zaheer		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 18518 Pasto Terra		<b>Transaction ID:</b> C5354
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Real Estate Co.	Occupation Agent	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>123091.17</b>

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

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

FOR LINE NUMBER: PAGE 69 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 S PROSPECT AVENUE  
C/O FINANCE DEPT

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 7

**Transaction ID:** C5668

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN FAMILY MUTUAL INSURANCE COMPANY FEDERAL PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

City State Zip Code  
Madison WI 53783

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 7

**Transaction ID:** C5367

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)

Mailing Address 1300 North 17th Street  
Suite 1400

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 7

**Transaction ID:** C5361

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 70 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
BRAVE PAC  
 Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00430579  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00  
 Date of Receipt 12 / 30 / 2007  
**Transaction ID:** C5371  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CAIR - CA PAC  
 Mailing Address 1212 S Victory Bl  
 City Burbank State CA Zip Code 91502  
 FEC ID number of contributing federal political committee. **C** C00396556  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 5000.00  
 Date of Receipt 11 / 12 / 2007  
**Transaction ID:** C5667  
 Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS  
 Mailing Address 101 Constitution Ave NW Tenth Floor West  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00001016  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 2500.00  
 Date of Receipt 12 / 05 / 2007  
**Transaction ID:** C5357  
 Amount of Each Receipt this Period 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00  
**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 71 / 119

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE (CITIGROUP PAC-FEDERAL/STATE)

Mailing Address 1101 PENNSYLVANIA AVE. NW  
SUITE 1000

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00039305

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 7

Transaction ID: C5369

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 7

Transaction ID: C5359

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 601 Pennsylvania Avenue NW  
South Building Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: C5358

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

**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 72 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH

Mailing Address 25 Louisiana Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 17 / 2007  
**Transaction ID: C5355**  
 Amount of Each Receipt this Period: 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
FOLLOW THE NORTH STAR FUND

Mailing Address 316 EAST HENNEPIN AVE  
STE 201

City MINNEAPOLIS State MN Zip Code 55414

FEC ID number of contributing federal political committee. **C** C00431874

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 12 / 27 / 2007  
**Transaction ID: C5368**  
 Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
FOLLOW THE NORTH STAR FUND

Mailing Address 316 EAST HENNEPIN AVE  
STE 201

City MINNEAPOLIS State MN Zip Code 55414

FEC ID number of contributing federal political committee. **C** C00431874

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 12 / 31 / 2007  
**Transaction ID: C5657**  
 Amount of Each Receipt this Period: 1300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4800.00

**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 73 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
LOCKRIDGE GRINDAL NAUEN POLITICAL FUND  
Mailing Address 100 WASHINGTON AVE SO SUITE 2200  
City State Zip Code  
MINNEAPOLIS MN 55401  
FEC ID number of contributing federal political committee. **C** C00167916  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7  
Transaction ID: C5260  
Amount of Each Receipt this Period  
2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MILL TO THE HILL PAC  
Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404  
City State Zip Code  
WASHINGTON DC 20003  
FEC ID number of contributing federal political committee. **C** C00410936  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 7  
Transaction ID: C5365  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS INC. POLITICAL ACTION COMMITTEE  
Mailing Address 1875 Eye Street NW Suite 600  
City State Zip Code  
Washington DC 20006  
FEC ID number of contributing federal political committee. **C** C00303339  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7  
Transaction ID: C5366  
Amount of Each Receipt this Period  
2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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: PAGE 74 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7

**Transaction ID:** C5363

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 7

**Transaction ID:** C5362

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
PROGRESSIVE PATRIOTS FUND

Mailing Address PO Box 628008

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing federal political committee. **C** C00409136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

**Transaction ID:** C5249

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 75 / 119

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 7

Transaction ID: C5360

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
TARGETCITIZENS POLITICAL FORUM

Mailing Address 1000 Nicollet Mall  
TPS 3275

City State Zip Code  
Minneapolis MN 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 7

Transaction ID: C5364

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
TRANSFUND PAC

Mailing Address 499 S. Capitol St SW  
Suite 404

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00430983

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 7

Transaction ID: C5370

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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 76 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 312 Central Ave  
Room 444

City State Zip Code  
Minneapolis MN 55414

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 1 / 2 0 0 7

**Transaction ID:** C5356

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

**Transaction ID:** C5234

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
VIRGINIA MUSLIM POLITICAL ACTION COMMITTEE

Mailing Address PO Box 651302

City State Zip Code  
Potomac Falls VA 20165

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 999.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 7

**Transaction ID:** C5670

Amount of Each Receipt this Period  
999.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2249.00

**TOTAL** This Period (last page this line number only) ..... ► 35049.00

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

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

FOR LINE NUMBER: PAGE 77 / 119  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
University of Minnesota - Coffman  
Mailing Address 300 Washington Ave SE  
City State Zip Code  
Minneapolis MN 55455-0371  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
870.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7  
Transaction ID: C5661  
Amount of Each Receipt this Period  
290.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
University of Minnesota - Coffman  
Mailing Address 300 Washington Ave SE  
City State Zip Code  
Minneapolis MN 55455-0371  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
870.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7  
Transaction ID: C3911479  
Amount of Each Receipt this Period  
580.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
Refund - Event

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	870.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	870.00

**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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Acorn Mini Storage	Transaction ID: D794 Date of Disbursement 10 / 03 / 2007
	Mailing Address 4652 Lyndale Ave N	Amount of Each Disbursement this Period 173.00
	City Minneapolis State MN Zip Code 55412-1441	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Acorn Mini Storage	Transaction ID: D808 Date of Disbursement 10 / 31 / 2007
	Mailing Address 4652 Lyndale Ave N	Amount of Each Disbursement this Period 173.00
	City Minneapolis State MN Zip Code 55412-1441	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Acorn Mini Storage	Transaction ID: D831 Date of Disbursement 12 / 14 / 2007
	Mailing Address 4652 Lyndale Ave N	Amount of Each Disbursement this Period 173.00
	City Minneapolis State MN Zip Code 55412-1441	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>519.00</b>
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) American Jewish World <hr/> Mailing Address 4509 Minnetonka Blvd <hr/> City Minneapolis State MN Zip Code 55416-4436 <hr/> Purpose of Disbursement Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D792 Date of Disbursement 10 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 S 500 E Ste 200 <hr/> City American Fork State UT Zip Code 84003-3373 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D862 Date of Disbursement 10 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 23.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 S 500 E Ste 200 <hr/> City American Fork State UT Zip Code 84003-3373 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D866 Date of Disbursement 11 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 23.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

286.20

**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)

<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)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D867 <b>Date of Disbursement</b> 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 99.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D877 <b>Date of Disbursement</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 41.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D878 <b>Date of Disbursement</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 21.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

161.73

**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)

<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)  
Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D884</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 38.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D887</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 70.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D888</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 25.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

135.09

**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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Authorize.net

Transaction ID: D889  
Date of Disbursement

Mailing Address 915 S 500 E  
Ste 200

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

City American Fork State UT Zip Code 84003-3373

Amount of Each Disbursement this Period

40.70
-------

Purpose of Disbursement  
Credit Card Fees

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Fawn Bernhardt

Transaction ID: D810  
Date of Disbursement

Mailing Address 4809 Columbus Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

City Minneapolis State MN Zip Code 55417-1014

Amount of Each Disbursement this Period

390.00
--------

Purpose of Disbursement  
Fundraising Consultant

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Fawn Bernhardt

Transaction ID: D821  
Date of Disbursement

Mailing Address 4809 Columbus Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	0	7

City Minneapolis State MN Zip Code 55417-1014

Amount of Each Disbursement this Period

210.00
--------

Purpose of Disbursement  
Fundraising Consultant

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

640.70
--------

**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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Continental Airlines

Transaction ID: D873  
Date of Disbursement

Mailing Address PO Box 4607

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

City Houston State TX Zip Code 77210-4607

Amount of Each Disbursement this Period

809.10
--------

Purpose of Disbursement  
Airline Tickets  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Dollar Rent A Car

Transaction ID: D841  
Date of Disbursement

Mailing Address 2400 Yankee Clipper Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	7	

City Jacksonville State FL Zip Code 32218

Amount of Each Disbursement this Period

252.92
--------

Purpose of Disbursement  
Rental Car  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Matthew Entenza

Transaction ID: D168501  
Date of Disbursement

Mailing Address 1647 Portland Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	7	

City Saint Paul State MN Zip Code 55104-6838

Amount of Each Disbursement this Period

480.00
--------

Purpose of Disbursement  
Event Food  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

\* in-kind received

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

1542.02
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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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Matthew Entenza	Transaction ID: D168502 Date of Disbursement 10 / 29 / 2007
	Mailing Address 1647 Portland Ave	Amount of Each Disbursement this Period 600.00
	City Saint Paul State MN Zip Code 55104-6838	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* in-kind received

B.	Full Name (Last, First, Middle Initial) Expedia	Transaction ID: D863 Date of Disbursement 10 / 19 / 2007
	Mailing Address 3150 139th Ave SE	Amount of Each Disbursement this Period 10.00
	City Bellevue State WA Zip Code 98005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Expedia	Transaction ID: D868 Date of Disbursement 11 / 19 / 2007
	Mailing Address 3150 139th Ave SE	Amount of Each Disbursement this Period 5.00
	City Bellevue State WA Zip Code 98005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	615.00
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Expedia	Transaction ID: D869 Date of Disbursement 11 / 19 / 2007
	Mailing Address 3150 139th Ave SE	Amount of Each Disbursement this Period 5.00
	City Bellevue State WA Zip Code 98005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Expedia	Transaction ID: D874 Date of Disbursement 11 / 30 / 2007
	Mailing Address 3150 139th Ave SE	Amount of Each Disbursement this Period 144.78
	City Bellevue State WA Zip Code 98005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Expedia	Transaction ID: D875 Date of Disbursement 11 / 30 / 2007
	Mailing Address 3150 139th Ave SE	Amount of Each Disbursement this Period 157.20
	City Bellevue State WA Zip Code 98005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>306.98</b>
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Expedia</p> <p>Mailing Address 3150 139th Ave SE</p> <p>City Bellevue State WA Zip Code 98005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D876</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 175.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Expedia</p> <p>Mailing Address 3150 139th Ave SE</p> <p>City Bellevue State WA Zip Code 98005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D879</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Expedia</p> <p>Mailing Address 3150 139th Ave SE</p> <p>City Bellevue State WA Zip Code 98005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D881</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

185.04

**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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Steve Foley  Mailing Address 250 Marquette Ave Ste 1200  City Minneapolis State MN Zip Code 55401-1874  Purpose of Disbursement Event Refreshements Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D168505 Date of Disbursement 12 / 12 / 2007  Amount of Each Disbursement this Period 250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received
B.	Full Name (Last, First, Middle Initial) Steve Foley  Mailing Address 250 Marquette Ave Ste 1200  City Minneapolis State MN Zip Code 55401-1874  Purpose of Disbursement Event Food Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D168506 Date of Disbursement 12 / 12 / 2007  Amount of Each Disbursement this Period 625.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received
C.	Full Name (Last, First, Middle Initial) Hana Hakim  Mailing Address 9319 Tibet Pointe Cir  City Windermere State FL Zip Code 34786-5632  Purpose of Disbursement Food for Event Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D150364 Date of Disbursement 12 / 01 / 2007  Amount of Each Disbursement this Period 1756.17  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received

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

**2631.17**

**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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Herbert Igbanugo	Transaction ID: D168507 Date of Disbursement 12 / 12 / 2007
	Mailing Address 12900 32nd Ave N	Amount of Each Disbursement this Period 500.00
	City Plymouth State MN Zip Code 55441-2713	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Refreshments	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* in-kind received

B.	Full Name (Last, First, Middle Initial) Herbert Igbanugo	Transaction ID: D168508 Date of Disbursement 12 / 12 / 2007
	Mailing Address 12900 32nd Ave N	Amount of Each Disbursement this Period 1250.00
	City Plymouth State MN Zip Code 55441-2713	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Food	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* in-kind received

C.	Full Name (Last, First, Middle Initial) Impact Printing	Transaction ID: D793 Date of Disbursement 10 / 03 / 2007
	Mailing Address 1067 Rice St	Amount of Each Disbursement this Period 1026.13
	City Saint Paul State MN Zip Code 55117-4920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2776.13
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Impact Printing Mailing Address 1067 Rice St City Saint Paul State MN Zip Code 55117-4920 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D814 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 180.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) KEITH MAURICE ELLISON Mailing Address 1629 Bryant Ave N City Minneapolis State MN Zip Code 55411-3259 Purpose of Disbursement Travel Candidate Name Keith M Ellison Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D789 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) L.A. Miller Design Mailing Address 3018 Alabama Ave S City St Louis Park State MN Zip Code 55416 Purpose of Disbursement Website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D799 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1385.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) L.A. Miller Design	Transaction ID: D800 Date of Disbursement 10 / 17 / 2007
	Mailing Address 3018 Alabama Ave S	Amount of Each Disbursement this Period 1950.00
	City St Louis Park State MN Zip Code 55416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Website Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) L.A. Miller Design	Transaction ID: D828 Date of Disbursement 11 / 14 / 2007
	Mailing Address 3018 Alabama Ave S	Amount of Each Disbursement this Period 17762.72
	City St Louis Park State MN Zip Code 55416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mailing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) L.A. Miller Design	Transaction ID: D830 Date of Disbursement 12 / 14 / 2007
	Mailing Address 3018 Alabama Ave S	Amount of Each Disbursement this Period 750.00
	City St Louis Park State MN Zip Code 55416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Design, Photography Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>20462.72</b>
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kyle B. Mansfield</p> <p>Mailing Address 122 Elmwood PI W</p> <p>City Minneapolis State MN Zip Code 55419-1322</p> <p>Purpose of Disbursement Event Refreshments</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D168503</p> <p>Date of Disbursement 12 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kyle B. Mansfield</p> <p>Mailing Address 122 Elmwood PI W</p> <p>City Minneapolis State MN Zip Code 55419-1322</p> <p>Purpose of Disbursement Event Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D168504</p> <p>Date of Disbursement 12 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 625.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Minneapolis Labor Review</p> <p>Mailing Address 312 Central Ave SE Ste 542</p> <p>City Minneapolis State MN Zip Code 55414-1097</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D858</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
November Office Rent  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D811  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
Office Rent  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D832  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
Office Rent and Postage  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D804  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**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)

<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)  
Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy St SE</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D816</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy St SE</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D842</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy St SE</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement Event Reception</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D852</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 584.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

634.33

**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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy St SE  City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Membership Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D883 Date of Disbursement 12 / 31 / 2007  Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy St SE  City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Membership Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D168496 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Northwest Airlines  Mailing Address 2700 Lone Oak Pkwy  City Eagan State MN Zip Code 55121-1546 Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D880 Date of Disbursement 12 / 05 / 2007  Amount of Each Disbursement this Period 268.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**318.80**

**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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D882  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

268.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address 2306 Lowry Ave N

City Minneapolis State MN Zip Code 55411-1008

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D827  
Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

78.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address 2306 Lowry Ave N

City Minneapolis State MN Zip Code 55411-1008

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D825  
Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

846.80

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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 2306 Lowry Ave N  City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D829 Date of Disbursement 11 / 14 / 2007  Amount of Each Disbursement this Period 4523.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 2306 Lowry Ave N  City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D839 Date of Disbursement 11 / 28 / 2007  Amount of Each Disbursement this Period 124.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 100 S 1st St  City Minneapolis State MN Zip Code 55401-2002 Purpose of Disbursement BRM Permit fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D803 Date of Disbursement 10 / 24 / 2007  Amount of Each Disbursement this Period 550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

5197.68

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)

<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)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Qwest Communications Mailing Address PO Box 17360 City Denver State CO Zip Code 80217 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D796 Date of Disbursement 10 / 10 / 2007
	Amount of Each Disbursement this Period 54.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Qwest Communications Mailing Address PO Box 17360 City Denver State CO Zip Code 80217 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D820 Date of Disbursement 11 / 14 / 2007
	Amount of Each Disbursement this Period 51.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Qwest Communications Mailing Address PO Box 17360 City Denver State CO Zip Code 80217 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D836 Date of Disbursement 12 / 14 / 2007
	Amount of Each Disbursement this Period 51.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	157.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Sun Country Airlines

Mailing Address 1300 Mendota Heights Rd

City Mendota Heights State MN Zip Code 55120-1128

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D864  
Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

228.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Sun Country Airlines

Mailing Address 1300 Mendota Heights Rd

City Mendota Heights State MN Zip Code 55120-1128

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D865  
Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

228.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Sutter's Mill Fundraising

Mailing Address 499 S Capitol St SW #404

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D801  
Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

3335.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3792.77

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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Sutter's Mill Fundraising	Transaction ID: D826 Date of Disbursement
	Mailing Address 499 S Capitol St SW #404	<input type="text" value="11"/> <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - Fundraising	<input type="text" value="3367.16"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Sutter's Mill Fundraising	Transaction ID: D835 Date of Disbursement
	Mailing Address 499 S Capitol St SW #404	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting - Fundraising	<input type="text" value="3342.44"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) The Databank	Transaction ID: D818 Date of Disbursement
	Mailing Address 800 Washington Ave N Ste 303	<input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Minneapolis State MN Zip Code 55401	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Software	<input type="text" value="589.94"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7299.54"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
The Databank

Mailing Address 800 Washington Ave N Ste 303

City State Zip Code  
Minneapolis MN 55401

Purpose of Disbursement  
Database Software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D819  
Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

614.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
The Databank

Mailing Address 800 Washington Ave N Ste 303

City State Zip Code  
Minneapolis MN 55401

Purpose of Disbursement  
Database Software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D838  
Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

602.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
University of Minnesota - Coffman

Mailing Address 300 Washington Ave SE

City State Zip Code  
Minneapolis MN 55455-0371

Purpose of Disbursement  
Event Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D861  
Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

636.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1853.38

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)

<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)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) University of Minnesota - Coffman</p> <p>Mailing Address 300 Washington Ave SE</p> <p>City Minneapolis State MN Zip Code 55455-0371</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186323 <b>Date of Disbursement</b> 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 290.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034-3802</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D872 <b>Date of Disbursement</b> 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 314.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz</p> <p>Mailing Address 400 Selby Ave #322</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D809 <b>Date of Disbursement</b> 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 90.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

694.88

**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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D817  
Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

131.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D837  
Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

479.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Clare Sorman

Mailing Address 3036 Taylor St NE

City Minneapolis State MN Zip Code 55418-2140

Purpose of Disbursement  
See Memo Entry

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D807  
Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

129.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

741.26

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)

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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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Costco	Transaction ID: D168518
	Mailing Address 5801 W. 16th St.	Date of Disbursement 10 / 24 / 2007
	City Minneapolis State MN Zip Code 55416	Amount of Each Disbursement this Period 80.46
	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz	Transaction ID: D790
	Mailing Address 400 Selby Ave #322	Date of Disbursement 10 / 03 / 2007
	City Saint Paul State MN Zip Code 55102	Amount of Each Disbursement this Period 127.73
	Purpose of Disbursement Travel/Memo Entries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D168514
	Mailing Address 1490 University Ave W	Date of Disbursement 10 / 03 / 2007
	City Saint Paul State MN Zip Code 55104-3901	Amount of Each Disbursement this Period 23.50
	Purpose of Disbursement Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>127.73</b>
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address 100 S 1st St

City State Zip Code  
Minneapolis MN 55401-2002

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D168513

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

16.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Anna G. Wojtanowicz

Mailing Address 400 Selby Ave #322

City State Zip Code  
Saint Paul MN 55102

Purpose of Disbursement

Travel/Memo Entries

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D798

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

272.63

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 1490 University Ave W

City State Zip Code  
Saint Paul MN 55104-3901

Purpose of Disbursement

Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D168516

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

29.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

272.63

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)

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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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D168515 Date of Disbursement 10 / 17 / 2007
	Mailing Address 100 S 1st St	Amount of Each Disbursement this Period 98.25
	City Minneapolis State MN Zip Code 55401-2002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz	Transaction ID: D806 Date of Disbursement 10 / 24 / 2007
	Mailing Address 400 Selby Ave #322	Amount of Each Disbursement this Period 489.62
	City Saint Paul State MN Zip Code 55102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Travel/See Memo Entry Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D168517 Date of Disbursement 10 / 24 / 2007
	Mailing Address 100 S 1st St	Amount of Each Disbursement this Period 478.25
	City Minneapolis State MN Zip Code 55401-2002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>489.62</b>
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz</p> <p>Mailing Address 400 Selby Ave #322</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Travel/Memo Entry</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D822</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 76.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 1490 University Ave W</p> <p>City Saint Paul State MN Zip Code 55104-3901</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D168510</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 14.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party</p> <p>Mailing Address 255 E Plato Blvd</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement See Memo Entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D795</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1746.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1822.90

**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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
BCBS of Minnesota

Mailing Address PO Box 646767

City State Zip Code  
Saint Paul MN 55164

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D186761  
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

333.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D186760  
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

329.26

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MN Department of Economic Security

Mailing Address PO Box 1705

City State Zip Code  
Saint Paul MN 55101

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D186759  
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

68.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

0.00

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)

<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)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) MN Department of Revenue</p> <p>Mailing Address Mail Station 1173</p> <p>City Saint Paul State MN Zip Code 55146</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186758 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz</p> <p>Mailing Address 400 Selby Ave #322</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186757 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 956.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party</p> <p>Mailing Address 255 E Plato Blvd</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement See Memo Entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D805 <b>Date of Disbursement</b> 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1250.00

**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)

<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)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) EFTPS - US Treasury</p> <p>Mailing Address PO Box 173788</p> <p>City Denver State CO Zip Code 80217</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186765 <b>Date of Disbursement</b> 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 165.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MN Department of Economic Security</p> <p>Mailing Address PO Box 1705</p> <p>City Saint Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186764 <b>Date of Disbursement</b> 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 68.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MN Department of Revenue</p> <p>Mailing Address Mail Station 1173</p> <p>City Saint Paul State MN Zip Code 55146</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186763 <b>Date of Disbursement</b> 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

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

0.00

**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)

<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)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz <hr/> Mailing Address 400 Selby Ave #322 <hr/> City Saint Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D186762 Date of Disbursement 10 / 24 / 2007 <hr/> Amount of Each Disbursement this Period 956.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party <hr/> Mailing Address 255 E Plato Blvd <hr/> City Saint Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement See Memo Entries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D812 Date of Disbursement 11 / 06 / 2007 <hr/> Amount of Each Disbursement this Period 1910.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) BCBS of Minnesota <hr/> Mailing Address PO Box 646767 <hr/> City Saint Paul State MN Zip Code 55164 <hr/> Purpose of Disbursement Health Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D186770 Date of Disbursement 11 / 06 / 2007 <hr/> Amount of Each Disbursement this Period 333.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1910.50
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Payroll Taxes  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D186769  
Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 0	<sup>D</sup> 6	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 7	<sup>Y</sup> 7
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Amount of Each Disbursement this Period

493.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MN Department of Economic Security

Mailing Address PO Box 1705

City State Zip Code  
Saint Paul MN 55101

Purpose of Disbursement  
Payroll Taxes  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D186768  
Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 0	<sup>D</sup> 6	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 7	<sup>Y</sup> 7
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Amount of Each Disbursement this Period

68.13
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code  
Saint Paul MN 55146

Purpose of Disbursement  
Payroll Taxes  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D186767  
Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 0	<sup>D</sup> 6	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 7	<sup>Y</sup> 7
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Amount of Each Disbursement this Period

60.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

0.00
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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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz	Transaction ID: D186766 Date of Disbursement 11 / 06 / 2007
	Mailing Address 400 Selby Ave #322	Amount of Each Disbursement this Period 956.37
	City Saint Paul State MN Zip Code 55102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party	Transaction ID: D833 Date of Disbursement 12 / 14 / 2007
	Mailing Address 255 E Plato Blvd	Amount of Each Disbursement this Period 2595.00
	City Saint Paul State MN Zip Code 55102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Memo Entries	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) BCBS of Minnesota	Transaction ID: D186775 Date of Disbursement 12 / 14 / 2007
	Mailing Address PO Box 646767	Amount of Each Disbursement this Period 333.00
	City Saint Paul State MN Zip Code 55164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Health Insurance	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2595.00
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) EFTPS - US Treasury</p> <p>Mailing Address PO Box 173788</p> <p>City Denver State CO Zip Code 80217</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186774 <b>Date of Disbursement</b> 1 2 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 507.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MN Department of Economic Security</p> <p>Mailing Address PO Box 1705</p> <p>City Saint Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186773 <b>Date of Disbursement</b> 1 2 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 109.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MN Department of Revenue</p> <p>Mailing Address Mail Station 1173</p> <p>City Saint Paul State MN Zip Code 55146</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186772 <b>Date of Disbursement</b> 1 2 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 89.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D186771  
Date of Disbursement

1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

1557.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
See Memo Entries

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D855  
Date of Disbursement

1 2 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period

4669.03

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
EFTPS - US Treasury

Mailing Address PO Box 173788

City Denver State CO Zip Code 80217

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D186781  
Date of Disbursement

1 2 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period

1163.56

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

4669.03

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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) MN Department of Economic Security	Transaction ID: D186780 Date of Disbursement 12 / 20 / 2007
	Mailing Address PO Box 1705	Amount of Each Disbursement this Period 225.91
	City Saint Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D186779 Date of Disbursement 12 / 20 / 2007
	Mailing Address Mail Station 1173	Amount of Each Disbursement this Period 215.00
	City Saint Paul State MN Zip Code 55146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) David Wakely	Transaction ID: D186778 Date of Disbursement 12 / 20 / 2007
	Mailing Address 1151 Hamline Ave N	Amount of Each Disbursement this Period 1151.81
	City Saint Paul State MN Zip Code 55108-2613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)

<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)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Anna G. Wojtanowicz

Transaction ID: D186776  
Date of Disbursement

Mailing Address 400 Selby Ave  
#322

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	7	7

City Saint Paul State MN Zip Code 55102

Amount of Each Disbursement this Period

956.38
--------

Purpose of Disbursement  
Payroll

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Anna G. Wojtanowicz

Transaction ID: D186777  
Date of Disbursement

Mailing Address 400 Selby Ave  
#322

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	7	7

City Saint Paul State MN Zip Code 55102

Amount of Each Disbursement this Period

956.37
--------

Purpose of Disbursement  
Payroll

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Scott Ferriss

Transaction ID: D815  
Date of Disbursement

Mailing Address 4400 Massachusetts Ave NW  
Congressional 316

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	7

City Washington State DC Zip Code 20016-8002

Amount of Each Disbursement this Period

194.55
--------

Purpose of Disbursement  
See Memo Entry

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

194.55
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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)

<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)  
Ellison for Congress

A.	Full Name (Last, First, Middle Initial) Costco	Transaction ID: D168511 Date of Disbursement 10 / 25 / 2007
	Mailing Address 1200 S. Fern St.	Amount of Each Disbursement this Period 194.55
	City Arlington State VA Zip Code 22202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Expense	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) David Wakely	Transaction ID: D860 Date of Disbursement 12 / 31 / 2007
	Mailing Address 1151 Hamline Ave N	Amount of Each Disbursement this Period 219.81
	City Saint Paul State MN Zip Code 55108-2613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel/Memo Entries	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D168509 Date of Disbursement 12 / 31 / 2007
	Mailing Address 1490 University Ave W	Amount of Each Disbursement this Period 71.14
	City Saint Paul State MN Zip Code 55104-3901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Supplies	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>219.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>69772.57</b>

# 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 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 checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Contribution

Candidate Name  
Democratic Congressional Campaign Committee

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D797

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
General Mills Foundation

Mailing Address PO Box 1113  
MAILSTOP CC01,

City Minneapolis State MN Zip Code 55440-1113

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D813

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Minnesota Women's Political Caucus

Mailing Address 550 Rice St

City Saint Paul State MN Zip Code 55103-2116

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D859

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**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)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
Take Action Minnesota

Mailing Address 1821 University Ave W  
Ste S137

City State Zip Code  
Saint Paul MN 55104-2891

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D824

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
United Democratic Fund

Mailing Address 255 Plato Blvd E

City State Zip Code  
Saint Paul MN 55107-1623

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D886

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

12500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

13750.00

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

25050.00