

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

12FE4M5

Nolan for Congress Volunteer Committee

ADDRESS (number and street)

PO Box 1041

Check if different than previously reported. (ACC)

Brainerd

MN

56401

2. FEC IDENTIFICATION NUMBER

C C00499053

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

MN

08

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 10/01/2013

through

MM/DD/YYYY 12/31/2013

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 James A. DeChaine

Signature of Treasurer James A. DeChaine

[Electronically Filed]

Date

MM/DD/YYYY 02/19/2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Nolan for Congress Volunteer Committee

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	144397.73	564855.21
(b) Total Contribution Refunds (from Line 20(d))	1250.00	6757.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	143147.73	558098.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	94514.07	282090.92
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	94514.07	282088.13
8. Cash on Hand at Close of Reporting Period (from Line 27)	315001.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	23313.36	

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

Nolan for Congress Volunteer Committee

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81831.31	187716.31
(ii) Unitemized	25983.76	67190.96
(iii) TOTAL of contributions from individuals	107815.07	254907.27
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	36582.66	309947.94
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	144397.73	564855.21
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2.79
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).....	144397.73	564858.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94514.07	282090.92
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	1250.00	1257.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1250.00	6757.00
21. OTHER DISBURSEMENTS	11631.67	26032.67
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	107395.74	314880.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	277999.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	144397.73
25. SUBTOTAL (add Line 23 and Line 24).....	422396.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	107395.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	315001.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) Frank Altman		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 2515 Ridgewater Dr		Transaction ID : C10066093	
City Minnetonka	State MN	Zip Code 55305-2981	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Community Reinvestment Fund	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) Kevin Armstrong		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2013	
Mailing Address 601 W 57th St Apt 35A		Transaction ID : C10079158	
City New York	State NY	Zip Code 10019-1095	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Pershing Advisor Solutions	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Lisa Armstrong		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2013	
Mailing Address 601 W 57th St Apt 35A		Transaction ID : C10079160	
City New York	State NY	Zip Code 10019-1095	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Pentair	Occupation VP - Marketing		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Lawrence Aylward

Mailing Address 265 Wilson Ave

City Westbury State NY Zip Code 11590-2139

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

Name of Employer N/A Occupation Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : C9889845

Amount of Each Receipt this Period
 200.00

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

Mailing Address 6520 Josephine Ave

City Minneapolis State MN Zip Code 55439-1425

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

Name of Employer RB Sales of MN Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169243

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1903 Girard Ave S

City Minneapolis State MN Zip Code 55403-2946

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

Name of Employer CATS Software, Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : C10146448

Amount of Each Receipt this Period
 500.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
J. Tucker Baldwin

Mailing Address PO Box 189372

City Sacramento State CA Zip Code 95818-9372

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

Name of Employer Bridge Capital Occupation Executive Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : C10148697

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Eve M. Bassinger

Mailing Address 5231 Clinton Ave

City Minneapolis State MN Zip Code 55419-1425

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147301

Amount of Each Receipt this Period
 350.00

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

Mailing Address 450 18th Ave S

City Naples State FL Zip Code 34102-7535

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

Name of Employer Retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10167470

Amount of Each Receipt this Period
 2600.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 8 OF 100
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Gary Roy Benson

Mailing Address 450 18th Ave S

City Naples State FL Zip Code 34102-7535

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10167463

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 1 Crocus HI

City Saint Paul State MN Zip Code 55102-2809

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

Name of Employer self Occupation writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : C10073799

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Burma Olson Brekke

Mailing Address 13278 Deerwood Trl

City Crosslake State MN Zip Code 56442-4038

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173479

Amount of Each Receipt this Period
 500.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Karen Burthwick

Mailing Address 22736 County Road 434

City State Zip Code
Bovey MN 55709-8392

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2013

Transaction ID : C9901034

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Joann Campbell-Rice

Mailing Address 112 Ardmore Dr

City State Zip Code
Golden Valley MN 55422-5210

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
695.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : C10065864

Amount of Each Receipt this Period
456.90

* In-Kind: Fundraising event catering

C. Full Name (Last, First, Middle Initial)
Joann Campbell-Rice

Mailing Address 112 Ardmore Dr

City State Zip Code
Golden Valley MN 55422-5210

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
695.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : C10160270

Amount of Each Receipt this Period
238.57

* In-Kind: Fundraising event supplies

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

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

795.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Gary E. Cerkvenik		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 7226 Sand Lake Rd		Transaction ID : C10065929
City Britt	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Silicon Energy LLC	Occupation Sr. VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) B. Richard W. Cohen		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 9803 Enclave Dr		Transaction ID : C10169248
City Hopkins	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. J. Michael Dady		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 1415 Summit Ave		Transaction ID : C10147267
City Saint Paul	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dady & Garner	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Jack Davies

Mailing Address 1201 Yale Pl
Apt 2004

City Minneapolis State MN Zip Code 55403-1961

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065944

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Beverly N. Fitzgerald

Mailing Address 174 Bank St SE

City Minneapolis State MN Zip Code 55414-1042

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147247

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Carol M. Flynn

Mailing Address 1235 Yale Pl
Apt 1409

City Minneapolis State MN Zip Code 55403-1948

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : C10073795

Amount of Each Receipt this Period
300.00

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

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

850.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 100

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Barbara L. Forster

Mailing Address 901 S 2nd St
 Unit 603

City Minneapolis State MN Zip Code 55415-2119

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : C9944621

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Paula F. Goldberg

Mailing Address 5315 James Ave S

City Minneapolis State MN Zip Code 55419-1138

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

Name of Employer Pacer Center Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169237

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Leslie S. Goldblatt

Mailing Address 10753 Genevieve Ln

City Hopkins State MN Zip Code 55305-2156

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

Name of Employer Brookview Animal Hosp Occupation Veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169244

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
William S. Goldenberg

Mailing Address 25 Woodland Rd

City Minneapolis State MN Zip Code 55424-1632

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

Name of Employer Huntington Learning Center Occupation Regional Dir.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178545

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
James J. Graves

Mailing Address 3815 Washburn Ave S

City Minneapolis State MN Zip Code 55410-1129

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

Name of Employer Graves Hospitality Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10185998

Amount of Each Receipt this Period
 2600.00

* In-Kind: Event food/refreshments

C. Full Name (Last, First, Middle Initial)
John E. Graves

Mailing Address 5110 Meadville St

City Greenwood State MN Zip Code 55331-8790

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

Name of Employer Convey Compliance Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147278

Amount of Each Receipt this Period
 2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Julie A. Graves

Mailing Address 3815 Washburn Ave S

City	State	Zip Code
Minneapolis	MN	55410-1129

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

Name of Employer	Occupation
Graves Hospitality Corporation	Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2185.84

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10186002

Amount of Each Receipt this Period
2185.84

* In-Kind: Event food/refreshments

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

Mailing Address 514 River St

City	State	Zip Code
Minneapolis	MN	55401-2542

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

Name of Employer	Occupation
Lockridge Grindal Nauen PLLP	Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2013

Transaction ID : C10163999

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William A. Haug

Mailing Address 2021 W 49th St

City	State	Zip Code
Minneapolis	MN	55419-5227

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

Name of Employer	Occupation
Heartland Realty Investors, Inc.	Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173529

Amount of Each Receipt this Period
2500.00

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

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

4935.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
William M. Heaney

Mailing Address 940 44th Ave NE
Unit 21067

City Columbia Heights State MN Zip Code 55421-3099

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

Name of Employer IBEW MN State Council Occupation Leg & Political Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065962

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tessa G. Hill

Mailing Address 37955 Bridge Rd

City North Branch State MN Zip Code 55056-5398

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

Name of Employer Natural Spaces Dome Occupation Marketing/PR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : C10071874

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 3rd Ave S
Unit 602

City Minneapolis State MN Zip Code 55401-2702

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

Name of Employer self-employed Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147321

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
James P. Jacobson

Mailing Address 4815 Irving Ave S

City Minneapolis State MN Zip Code 55419-5233

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

Name of Employer Medica Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10163009

Amount of Each Receipt this Period
 250.00

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

Mailing Address 115 Island Ave W

City Minneapolis State MN Zip Code 55401-1509

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : C10061709

Amount of Each Receipt this Period
 250.00

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

Mailing Address 815 N 2nd St Apt 523

City Minneapolis State MN Zip Code 55401-1069

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

Name of Employer NAHA Occupation Affordable housing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : C10079020

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Samuel L. Kaplan

Mailing Address 510 River St

City State Zip Code
Minneapolis MN 55401-2542

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

Name of Employer Occupation
Kaplan, Strandis, Kaplan Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065941

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Samuel L. Kaplan

Mailing Address 510 River St

City State Zip Code
Minneapolis MN 55401-2542

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

Name of Employer Occupation
Kaplan, Strandis, Kaplan Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147192

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard J. Kelber

Mailing Address 2600 Monetary Ave S

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
Moss & Barnett Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169240

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Thomas A. Keller III

Mailing Address 90 S 7th St
4800 Wells Fargo Center

City Minneapolis State MN Zip Code 55402-4119

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

Name of Employer Moss Barnett Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : C10066974

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William N. Kelly

Mailing Address 154 Bank St SE

City Minneapolis State MN Zip Code 55414-1033

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065960

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert W. Knighton

Mailing Address 2011 Featherstone Dr

City Duluth State MN Zip Code 55803-2244

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : C9892620

Amount of Each Receipt this Period
50.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Andrew V. Kozak

Mailing Address 3104 E Minnehaha Pkwy

City State Zip Code
Minneapolis MN 55406-3818

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

Name of Employer Occupation
North State Advisors Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 07 / 2013

Transaction ID : C10065869

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jennifer V. Larson

Mailing Address 847 Tonkawa Rd

City State Zip Code
Long Lake MN 55356-9235

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

Name of Employer Occupation
Vibrant Technologies CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2013

Transaction ID : C10147293

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James A. Lawrence

Mailing Address 4415 E Lake Harriet Blvd

City State Zip Code
Minneapolis MN 55419-4746

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

Name of Employer Occupation
Rothschild North America CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2013

Transaction ID : C10147195

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
James P. Lenfestey

Mailing Address 1833 Girard Ave S

City Minneapolis State MN Zip Code 55403-2944

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

Name of Employer self Occupation writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : C10083671

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Susan W. Lenfestey

Mailing Address 1833 Girard Ave S

City Minneapolis State MN Zip Code 55403-2944

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : C10083670

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2107 Ridgewood Dr NW

City Alexandria State MN Zip Code 56308-4947

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

Name of Employer Thrifty White Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : C10084051

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 21 OF 100
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Wendy S. Lovell-Smith

Mailing Address 2655 E Lake of the Isles Pkwy

City Minneapolis State MN Zip Code 55408-1052

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169242

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
William P. Luther

Mailing Address 16527 Locust Hills Ter

City Wayzata State MN Zip Code 55391-1936

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

Name of Employer Luther Consulting LLC Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065943

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
William P. Luther

Mailing Address 16527 Locust Hills Ter

City Wayzata State MN Zip Code 55391-1936

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

Name of Employer Luther Consulting LLC Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147214

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Leland T. Lynch

Mailing Address 34 Park Ln

City Minneapolis State MN Zip Code 55416-4340

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147198

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Leland T. Lynch

Mailing Address 34 Park Ln

City Minneapolis State MN Zip Code 55416-4340

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10185999

Amount of Each Receipt this Period
1600.00

* In-Kind: Event food/refreshments

C. Full Name (Last, First, Middle Initial)
Elizabeth W. Martin

Mailing Address 7928 Lost Lake Rd

City Lake Shore State MN Zip Code 56468-2524

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

Name of Employer Kurilla Real Estate Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : C9901073

Amount of Each Receipt this Period
50.00

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

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

2650.00

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

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

FOR LINE NUMBER: PAGE 23 OF 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Elizabeth W. Martin

Mailing Address 7928 Lost Lake Rd

City Lake Shore State MN Zip Code 56468-2524

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

Name of Employer Kurilla Real Estate Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 24 / 2013

Transaction ID : C10074750

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
William J. Mauzy

Mailing Address 3742 W Calhoun Pkwy

City Minneapolis State MN Zip Code 55410-1117

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

Name of Employer self Occupation lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 08 / 2013

Transaction ID : C10147294

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Daniel P. McGowan

Mailing Address 1715 Pinehurst Ave

City Saint Paul State MN Zip Code 55116-2119

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : C10065936

Amount of Each Receipt this Period
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Daniel P. McGowan

Mailing Address 1715 Pinehurst Ave

City Saint Paul State MN Zip Code 55116-2119

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : C10078235

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Danita L. McVay

Mailing Address 2711 Dean Pkwy

City Minneapolis State MN Zip Code 55416-4318

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

Name of Employer Minnwest Corp. Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147230

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alida R. Messinger

Mailing Address 1600 University Ave W Ste 309C

City Saint Paul State MN Zip Code 55104-3800

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

Name of Employer Self Occupation Philanthropist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147283

Amount of Each Receipt this Period
2100.00

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

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

2450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Alida R. Messinger

Mailing Address 1600 University Ave W
Ste 309C

City Saint Paul State MN Zip Code 55104-3800

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

Name of Employer Self Occupation Philanthropist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147285

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Len F. Minars

Mailing Address 550 Sandhurst Dr W
Apt 101

City Roseville State MN Zip Code 55113-4646

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C9944376

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert W. Mohs

Mailing Address 3270 N Lake Shore Dr
14A

City Chicago State IL Zip Code 60657-3956

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10169075

Amount of Each Receipt this Period
250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Dori Molitor

Mailing Address 3061 Casco Point Rd

City State Zip Code
Wayzata MN 55391-9545

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

Name of Employer Occupation
WatersMolitor CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147219

Amount of Each Receipt this Period
300.00

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

Mailing Address 14665 78th Ave N

City State Zip Code
Maple Grove MN 55311-2177

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

Name of Employer Occupation
Myslojek LTD CPA- President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : C10146452

Amount of Each Receipt this Period
500.00

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

Mailing Address 2109 Doswell Ave

City State Zip Code
Saint Paul MN 55108-1731

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

Name of Employer Occupation
Lockridge Grindal Nauen Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169241

Amount of Each Receipt this Period
1000.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Robert J. Owens

Mailing Address 316 Westwood Dr N

City State Zip Code
Golden Valley MN 55422-5263

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 31 2013

Transaction ID : C9939442

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2242 Field Stone Dr

City State Zip Code
Mendota Heights MN 55120-1918

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

Name of Employer Occupation
Maslon Law Firm Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 30 2013

Transaction ID : C10167054

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Howard A. Paster

Mailing Address 305 Wilshire Walk

City State Zip Code
Hopkins MN 55305-4832

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

Name of Employer Occupation
Paster Enterprises, LLC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : C10168088

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 100
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Steven J. Perkins

Mailing Address 18897 Explorer Trl

City Eden Prairie State MN Zip Code 55347-3239

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

Name of Employer Heartland Realty Investors, Inc. Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173527

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 4205 Colfax Ave S

City Minneapolis State MN Zip Code 55409-1710

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

Name of Employer Twin Cities PC MD, Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : C10158792

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Donna M. Pohlad

Mailing Address 3811 Sheridan Ave S

City Minneapolis State MN Zip Code 55410-1227

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147203

Amount of Each Receipt this Period
 2600.00

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

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

5350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
James O. Pohlad

Mailing Address 3811 Sheridan Ave S

City State Zip Code
Minneapolis MN 55410-1227

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

Name of Employer Occupation
Pohlad Companies Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147206

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2614 Tamiami Trl N # 524

City State Zip Code
Naples FL 34103-4409

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2013

Transaction ID : C9922274

Amount of Each Receipt this Period
250.00

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

Mailing Address 1625 Bridgewater Rd

City State Zip Code
Minneapolis MN 55422-4243

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

Name of Employer Occupation
General Mills CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173525

Amount of Each Receipt this Period
1000.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Elyse D. Rabinowitz

Mailing Address 3425 Saint Paul Ave

City Minneapolis State MN Zip Code 55416-4342

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

Name of Employer Tolerance In Motion Occupation Founding Dir/Secy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169239

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Susan H. Rappaport

Mailing Address 3940 Walden Shores Rd

City Wayzata State MN Zip Code 55391-3057

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178520

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Kenneth T. Raskin

Mailing Address 4120 Leber Ln

City Minneapolis State MN Zip Code 55422-5248

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

Name of Employer UBS Occupation Sr, VP, Investments MN Branch

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178521

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Lawrence M. Redmond

Mailing Address 1920 S 1st St
Apt 2203

City Minneapolis State MN Zip Code 55454-1277

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

Name of Employer Redmond Associates Inc. Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 13 / 2013

Transaction ID : C10061724

Amount of Each Receipt this Period
500.00

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

Mailing Address 2512 Lake PI

City Minneapolis State MN Zip Code 55405-2475

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

Name of Employer BassfordRemele Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 10 / 2013

Transaction ID : C9945162

Amount of Each Receipt this Period
500.00

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

Mailing Address 4235 Basswood Rd

City Minneapolis State MN Zip Code 55416-3848

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

Name of Employer Access Intelligence Energy Occupation Chair, LDC Forum Series

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178523

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) Harold Roitenberg		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 12700 Sherwood Pl		Transaction ID : C10147265
City Minnetonka	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Daniel Rosen		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 123 N 3rd St		Transaction ID : C10163010
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Parker-Rosen	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) David B. Rosenblatt		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 970 Nine Mile Cv E		Transaction ID : C10169246
City Hopkins	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bearence Mgmt Group	Occupation Insurance Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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: (check only one)	PAGE 33 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Orit Rouache

Mailing Address 1741 Sutton Ln

City Saint Paul State MN Zip Code 55118-3717

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

Name of Employer National Choice Bakery Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169249

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Martin O. Sabo

Mailing Address 1235 Yale Pl
Apt 602

City Minneapolis State MN Zip Code 55403-1944

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065870

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Thomas P. Schnettler

Mailing Address 4611 Townes Cir

City Edina State MN Zip Code 55424-1233

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

Name of Employer Piper Jaffrey & Co. Occupation Vice Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147212

Amount of Each Receipt this Period
500.00

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

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

950.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 34 OF 100

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Shawn Scott

Mailing Address **PMB29, Box10001**

City **Saipan** State **MP** Zip Code **96950**

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

Name of Employer **Bridge Capital, LLC** Occupation **Businessman**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
12 / 16 / 2013

Transaction ID : C10158766

Amount of Each Receipt this Period
2600.00

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

Mailing Address **PMB29, Box10001**

City **Saipan** State **MP** Zip Code **96950**

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

Name of Employer **Bridge Capital, LLC** Occupation **Businessman**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
12 / 16 / 2013

Transaction ID : C10148620

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
James G. Scoville

Mailing Address **2093 Jefferson Ave**

City **Saint Paul** State **MN** Zip Code **55105-1302**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
12 / 31 / 2013

Transaction ID : C10168914

Amount of Each Receipt this Period
250.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Erika M. Sitz

Mailing Address 6521 154th Ln NW

City Ramsey State MN Zip Code 55303-4031

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178516

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ruth E. Stanoch

Mailing Address 9631 Wyoming Circle

City Bloomington State MN Zip Code 55438-1628

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065946

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ruth E. Stanoch

Mailing Address 9631 Wyoming Circle

City Bloomington State MN Zip Code 55438-1628

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : C10147297

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Ruth E. Stanoch

Mailing Address 9631 Wyoming Circle

City State Zip Code
Bloomington MN 55438-1628

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

Name of Employer Occupation
Self Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C10168045

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mary E. Strand

Mailing Address 33801 446th Pl

City State Zip Code
Aitkin MN 56431-5089

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2013

Transaction ID : C10073713

Amount of Each Receipt this Period
250.00

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

Mailing Address 2963 Aspen Lake Dr NE

City State Zip Code
Blaine MN 55449-7508

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

Name of Employer Occupation
Unity Hospital Foundation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2013

Transaction ID : C9943945

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Julie Klapperich Straw

Mailing Address 16790 80th PI N

City State Zip Code
Maple Grove MN 55311-1797

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

Name of Employer Occupation
Wiley VP, Workplace Learning Solutions

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 24 / 2013

Transaction ID : C10073714

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Susan L. Streitz

Mailing Address 2431 E 1st St

City State Zip Code
Duluth MN 55812-1811

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

Name of Employer Occupation
Essentia Health East Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : C9916788

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 Crocus Hill

City State Zip Code
Saint Paul MN 55102

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

Name of Employer Occupation
W. G Strusinski, Inc. Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : C10065942

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Stuart Dean Stubbe

Mailing Address 345 Capitol View Ave

City Saint Paul State MN Zip Code 55113-4726

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 03 / 2013

Transaction ID : C10076635

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert J. Tennesen Esq

Mailing Address 2522 Thomas Ave S

City Minneapolis State MN Zip Code 55405-2344

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

Name of Employer Tenneson Law Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : C10065945

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
The Chickasaw Nation

Mailing Address Hon. Bill Anoatubby, Governor
PO Box 1548

City Ada State OK Zip Code 74821

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : C10073712

Amount of Each Receipt this Period
1500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Darlene C. Voltin

Mailing Address 18701 Stratford Rd
Apt 122

City State Zip Code
Minnetonka MN 55345-4044

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

Name of Employer Occupation
FMCS Mediator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2013

Transaction ID : C10173518

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Judy D. Walter

Mailing Address 5229 Morgan Ave S

City State Zip Code
Minneapolis MN 55419-1026

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2013

Transaction ID : C10173522

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Julie S. Walter

Mailing Address 4515 Bruce Ave

City State Zip Code
Edina MN 55424-1122

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2013

Transaction ID : C10173524

Amount of Each Receipt this Period
2500.00

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

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

6100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

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

Mailing Address 4515 Bruce Ave

City Edina State MN Zip Code 55424-1122

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

Name of Employer Heartland Realty Investors Inc. Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173523

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 11442 Forestview Dr

City Baxter State MN Zip Code 56425-9731

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

Name of Employer State of Minnesota Occupation State Representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2013

Transaction ID : C10073715

Amount of Each Receipt this Period
 500.00

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

Mailing Address 36797 500th Ln

City Palisade State MN Zip Code 56469-2166

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

Name of Employer None Occupation Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10173696

Amount of Each Receipt this Period
 100.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Frances J Davis

Mailing Address 1512 Douglas Avenue

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Occupation
Coldwell Banker Sales Manager/REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C10173672A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3285.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C10173672AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Robert W. Mohs

Mailing Address 3270 N Lake Shore Dr
14A

City State Zip Code
Chicago IL 60657-3956

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2013

Transaction ID : C9921064A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3285.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2013

Transaction ID : C9921064AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address **7534 Westlake Terrace**

City **Bethesda** State **MD** Zip Code **20817-6541**

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

Name of Employer Occupation
none not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		28		2013

Transaction ID : C10173655A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3285.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2013

Transaction ID : C10173655AB

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Benjamin VanderKooi

Mailing Address **PO Box 746**

City **Luverne** State **MN** Zip Code **56156-0746**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C10173677A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3285.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C10173677AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **6206 89th Ave SE**

City **Mercer Island** State **WA** Zip Code **98040-4512**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : C10069392A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 100
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5099.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : C10069392AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

81831.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE

Mailing Address 1120 CONNECTICUT AVE. NW
SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173534

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Aitkin County DFL Committee

Mailing Address 38366 State Highway 65

City McGregor State MN Zip Code 55760

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2013

Transaction ID : C9921068

Amount of Each Receipt this Period
 400.00

permissible funds

C. Full Name (Last, First, Middle Initial)
Aitkin County DFL Committee

Mailing Address 38366 State Highway 65

City McGregor State MN Zip Code 55760

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2013

Transaction ID : C10169252

Amount of Each Receipt this Period
 100.00

permissible funds

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2013

Transaction ID : C10169250

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Mailing Address 1300 L STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178552

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 455 315 NORTH BROADWAY

City NEW ULM State MN Zip Code 56073

FEC ID number of contributing federal political committee. **C** C00330696

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2013

Transaction ID : C9944211

Amount of Each Receipt this Period
1000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2013

Transaction ID : C10185990

Amount of Each Receipt this Period
 66.67

* In-Kind: Internet appeal

B. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : C10185991

Amount of Each Receipt this Period
 31.96

* In-Kind: Credit card fees

C. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : C10185992

Amount of Each Receipt this Period
 1200.00

* In-Kind: Mailing expenses

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

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

1298.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013

Transaction ID : C10185993

Amount of Each Receipt this Period
28.08

* In-Kind: Credit card fees

B. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2013

Transaction ID : C10185994

Amount of Each Receipt this Period
33.33

* In-Kind: Internet appeal

C. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2013

Transaction ID : C10185995

Amount of Each Receipt this Period
33.37

* In-Kind: Internet appeal

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

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

94.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Mailing Address 322 4th St NE

City Washington State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C C00387555**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1423.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10185997

Amount of Each Receipt this Period
29.67

* In-Kind: Credit card fees

B. Full Name (Last, First, Middle Initial)
ELLISON FOR CONGRESS

Mailing Address PO BOX 6072

City MINNEAPOLIS State MN Zip Code 55406

FEC ID number of contributing federal political committee. **C C00422410**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178570

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 05 / 2013

Transaction ID : C9943964

Amount of Each Receipt this Period
2500.00

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

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

3029.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
GRAY, PLANT, MOOTY, MOOTY & BENNETT P A PUBLIC AFFAIRS COMMITTEE

Mailing Address **500 IDS CENTER**
80 SOUTH 8TH STREET

City **MINNEAPOLIS** State **MN** Zip Code **55402**

FEC ID number of contributing federal political committee. **C C00099473**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 08 / 2013

Transaction ID : C10147356

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
HAMMEL GREEN AND ABRAHAMSON, INC. PAC

Mailing Address **20677 GEMINI TRAIL**

City **LAKEVILLE** State **MN** Zip Code **55044**

FEC ID number of contributing federal political committee. **C C00305979**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 08 / 2013

Transaction ID : C10147362

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Hubbard County DFL

Mailing Address **12029 Far Portage Dr**

City **Park Rapids** State **MN** Zip Code **56470-4510**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : C10173087

Amount of Each Receipt this Period

500.00

Permissible Funds

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
Kanabec County DFL

Mailing Address PO Box 362

City Mora State MN Zip Code 55051-0362

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : C10173474

Amount of Each Receipt this Period
 250.00

Permissible Funds

B. Full Name (Last, First, Middle Initial)
Koochiching County DFL

Mailing Address 1315 14th Ave.

City International Falls State MN Zip Code 56649

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : C10178512

Amount of Each Receipt this Period
 1000.00

Permissible funds

C. Full Name (Last, First, Middle Initial)
LAND O'LAKES, INC., PAC

Mailing Address P.O. BOX 64101

City ST. PAUL State MN Zip Code 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : C10066983

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8470.27

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2013

Transaction ID : C9944214

Amount of Each Receipt this Period
1000.00

B. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8470.27

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2013

Transaction ID : C10186109

Amount of Each Receipt this Period
1159.58

* In-Kind: Event catering, expenses

C. Full Name (Last, First, Middle Initial)
MEDTRONIC INC. PAC

Mailing Address 950 F STREET NW SUITE 500

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00311878

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2013

Transaction ID : C9940295

Amount of Each Receipt this Period
1000.00

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

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

3159.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP FUND

Mailing Address **800 N. LINDBERGH BLVD.**

City **ST. LOUIS** State **MO** Zip Code **63167**

FEC ID number of contributing federal political committee. **C C00042069**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 30 / 2013

Transaction ID : C10173531

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ALLIANCE OF FOREST OWNERS POLITICAL ACTION COMMITTEE (NAFO PAC)

Mailing Address **122 C STREET NW SUITE 630**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00469080**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : C10066985

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : C10084053

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address **P.O. BOX 2995**

City **CORDOVA** State **TN** Zip Code **38088**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 20 / 2013

Transaction ID : C10069409

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Mailing Address **50 F STREET NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00002238**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 06 / 2013

Transaction ID : C9944180

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

Mailing Address **1225 NEW YORK AVE NW
STE 400**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00076182**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 11 / 2013

Transaction ID : C10061169

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 100	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial)
POLARIS INDUSTRIES INC POLITICAL PARTICIPATION PROGRAM

Mailing Address 2100 HIGHWAY 55

City	State	Zip Code
MEDINA	MN	55340

FEC ID number of contributing federal political committee. **C** C00279497

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2013

Transaction ID : C10147352

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Senate District 32 DFL

Mailing Address 10785 Berglund Ave.

City	State	Zip Code
Chisago City	MN	55013

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		24		2013

Transaction ID : C10169253

Amount of Each Receipt this Period

500.00

Permissible funds

C. Full Name (Last, First, Middle Initial)
Seventh Senate District DFL Party

Mailing Address 1857 Vermilion Rd

City	State	Zip Code
Duluth	MN	55803-2510

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2013

Transaction ID : C10173517

Amount of Each Receipt this Period

600.00

Permissible Funds

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

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

6100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)
THE FARMERS EDUCATION & CO-OPERATIVE UNION OF AMERICA PAC (NATFARMPAC)

Mailing Address **20 F STREET SUITE 300, NW**

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C C00151019**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00
---	--

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2013

Transaction ID : C10072367

Amount of Each Receipt this Period
 _____ 500.00

Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address **THREE PARK PLACE**

City	State	Zip Code
ANNAPOLIS	MD	21401

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2013

Transaction ID : C10065965

Amount of Each Receipt this Period
 _____ 2500.00

Full Name (Last, First, Middle Initial)
USA RICE FEDERATION PAC

Mailing Address **4301 NORTH FAIRFAX DRIVE SUITE 425**

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2013

Transaction ID : C10185448

Amount of Each Receipt this Period
 _____ 1000.00

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

_____ 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 100
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) Wadena County DFL		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2013
Mailing Address 34730 County Road 23 Melvin Kinnunen, Chair		Transaction ID : C10173530
City Menahga	State MN	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	Permissible Funds
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	36582.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Accurate Mailing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 1928 West County Road C		Amount of Each Disbursement this Period 321.00 Transaction ID : D701427
City Roseville	State MN	
Zip Code 55113	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 10.49 Transaction ID : D694807
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Service Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 0.54 Transaction ID : D695286
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Service Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	332.03
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)	PAGE 59 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2013
Mailing Address 14 Arrow St Ste 11			Amount of Each Disbursement this Period 7.51 Transaction ID : D695423
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Service Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2013
Mailing Address 14 Arrow St Ste 11			Amount of Each Disbursement this Period 0.08 Transaction ID : D695697
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Service Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 14 Arrow St Ste 11			Amount of Each Disbursement this Period 0.20 Transaction ID : D696323
City Cambridge	State MA	Zip Code 02138-5106	
Purpose of Disbursement Service Fee		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7.79
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 0.90 Transaction ID : D697221
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 3.41 Transaction ID : D697810
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 0.40 Transaction ID : D698951
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 0.58
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fees	Candidate Name	Transaction ID : D700338
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 1.11
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fee	Candidate Name	Transaction ID : D701199
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 50.60
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fees	Candidate Name	Transaction ID : D701200
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	52.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 54.24
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Service Fees	Candidate Name	Transaction ID : D701201
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Bergman Zwerdling Direct		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1726 M Street, NW Suite 1100		Amount of Each Disbursement this Period 1400.00
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Direct mail production	Candidate Name	Transaction ID : D701430
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Joann Campbell-Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 112 Ardmore Dr		Amount of Each Disbursement this Period 238.57
City Golden Valley	State MN Zip Code 55422-5210	
Purpose of Disbursement Fundraising event supplies	Candidate Name	Transaction ID : D700226
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	1692.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Joann Campbell-Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 112 Ardmore Dr		Amount of Each Disbursement this Period 456.90
City Golden Valley State MN Zip Code 55422-5210	Purpose of Disbursement Fundraising event catering	
Candidate Name	Category/Type	Transaction ID : D696590
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		* In-Kind Received

Full Name (Last, First, Middle Initial) B. Madeline Coles		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 300 4th St E Apt 207		Amount of Each Disbursement this Period 460.00
City Saint Paul State MN Zip Code 55101-1441	Purpose of Disbursement Postage reimbursement	
Candidate Name	Category/Type	Transaction ID : D701425
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Madeline Coles		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 300 4th St E Apt 207		Amount of Each Disbursement this Period 46.88
City Saint Paul State MN Zip Code 55101-1441	Purpose of Disbursement Fundraising event expenses	
Candidate Name	Category/Type	Transaction ID : D701426
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	963.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013		
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 2500.00		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701461		
Purpose of Disbursement Fundraising consulting fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013		
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 2500.00		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701454		
Purpose of Disbursement Fundraising consulting fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013		
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 289.16		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701455		
Purpose of Disbursement Mileage reimbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	5289.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013		
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 88.99		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701456		
Purpose of Disbursement Postage reimbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013		
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 111.75		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701457		
Purpose of Disbursement Lodging (none over \$200)		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013		
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 2500.00		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701458		
Purpose of Disbursement Fundraising consulting fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2700.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 100			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Corner Bakery		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 500 North Capitol Street, NW		Amount of Each Disbursement this Period 214.50
City Washington State DC Zip Code 20001	Purpose of Disbursement Meal	
Candidate Name	Category/Type	Transaction ID : D701433
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 66.67
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Internet appeal	
Candidate Name	Category/Type	Transaction ID : D702963
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		* In-Kind Received

Full Name (Last, First, Middle Initial) C. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 31.96
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit card fees	
Candidate Name	Category/Type	Transaction ID : D702964
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	313.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 100			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 1200.00
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Mailing expenses	Transaction ID : D702965
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 28.08
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit card fees	Transaction ID : D702967
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) C. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 33.33
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Internet appeal	Transaction ID : D702968
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1261.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 33.37
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Internet appeal	Transaction ID : D702969
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 29.67
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit card fees	Transaction ID : D702971
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 612.80
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Travel/Airfare	Transaction ID : D701373
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	675.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. First Data

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 02 / 2013

Amount of Each Disbursement this Period
416.49

Transaction ID : D701436

Category/Type

B. First Data

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 04 / 2013

Amount of Each Disbursement this Period
27.00

Transaction ID : D701437

Category/Type

C. First Data

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 04 / 2013

Amount of Each Disbursement this Period
116.05

Transaction ID : D701438

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 559.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. First Data

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 04 / 2013

Amount of Each Disbursement this Period
188.61

Transaction ID : D701439

B. First Data

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 03 / 2013

Amount of Each Disbursement this Period
11.10

Transaction ID : D701440

C. First Data

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 03 / 2013

Amount of Each Disbursement this Period
49.93

Transaction ID : D701441

SUBTOTAL of Disbursements This Page (optional)..... 249.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. First Data		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE, Suite		Amount of Each Disbursement this Period 101.65
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit card processing fees	
Candidate Name	Category/Type	Transaction ID : D701442
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. James J. Graves		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 3815 Washburn Ave S		Amount of Each Disbursement this Period 2600.00
City Minneapolis State MN Zip Code 55410-1129	Purpose of Disbursement Event food/refreshments	
Candidate Name	Category/Type	Transaction ID : D702972
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		* In-Kind Received

Full Name (Last, First, Middle Initial) C. Julie A. Graves		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 3815 Washburn Ave S		Amount of Each Disbursement this Period 2185.84
City Minneapolis State MN Zip Code 55410-1129	Purpose of Disbursement Event food/refreshments	
Candidate Name	Category/Type	Transaction ID : D702975
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	4887.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. LOCKRIDGE GRINDAL NAUEN POLITICAL FUND			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013	
Mailing Address 100 WASHINGTON AVE SO SUITE 2200			Amount of Each Disbursement this Period 1159.58	
City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : D703049	
Purpose of Disbursement Event catering, expenses		Category/ Type	* In-Kind Received	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Mr. Leland T. Lynch			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013	
Mailing Address 34 Park Ln			Amount of Each Disbursement this Period 1600.00	
City Minneapolis	State MN	Zip Code 55416-4340	Transaction ID : D702973	
Purpose of Disbursement Event food/refreshments		Category/ Type	* In-Kind Received	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Dotti Mavromatis			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013	
Mailing Address 6 E St SE			Amount of Each Disbursement this Period 541.30	
City Washington	State DC	Zip Code 20003-2611	Transaction ID : D701394	
Purpose of Disbursement Fundraising/Catering		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3300.88
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)	PAGE 73 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Dotti Mavromatis		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 6 E St SE		Amount of Each Disbursement this Period 8512.86
City Washington	State DC	
Zip Code 20003-2611	Purpose of Disbursement Fundraising consulting fee and expenses	Transaction ID : D701395
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dotti Mavromatis		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 6 E St SE		Amount of Each Disbursement this Period 4000.00
City Washington	State DC	
Zip Code 20003-2611	Purpose of Disbursement Fundraising consulting fee	Transaction ID : D701396
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Dotti Mavromatis		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 6 E St SE		Amount of Each Disbursement this Period 4000.00
City Washington	State DC	
Zip Code 20003-2611	Purpose of Disbursement Fundraising consulting fee	Transaction ID : D701397
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16512.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Dotti Mavromatis		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 6 E St SE		Amount of Each Disbursement this Period 4000.00 Transaction ID : D701398
City Washington State DC Zip Code 20003-2611	Purpose of Disbursement Fundraising consulting fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Max Caven Photography		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1727 Tyrol Street		Amount of Each Disbursement this Period 275.00 Transaction ID : D701468
City Duluth State MN Zip Code 55811	Purpose of Disbursement Photo and video services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Meyer Associates Teleservices		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 14 7th Ave N		Amount of Each Disbursement this Period 3091.50 Transaction ID : D701393
City Saint Cloud State MN Zip Code 56303-4753	Purpose of Disbursement Telemarketing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7366.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

A. Minneapolis Club

Full Name (Last, First, Middle Initial)
Mailing Address 729 2nd Ave S

City Minneapolis State MN Zip Code 55402-2463

Purpose of Disbursement Fundraising/Event space and catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 25 / 2013

Amount of Each Disbursement this Period: 492.06

Transaction ID : D701379

B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY

Full Name (Last, First, Middle Initial)
Mailing Address 255 Plato Blvd E

City Saint Paul State MN Zip Code 55107-1623

Purpose of Disbursement Office rent

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2013

Amount of Each Disbursement this Period: 750.00

Transaction ID : D701473

C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY

Full Name (Last, First, Middle Initial)
Mailing Address 255 Plato Blvd E

City Saint Paul State MN Zip Code 55107-1623

Purpose of Disbursement Office rent

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2013

Amount of Each Disbursement this Period: 425.00

Transaction ID : D701474

SUBTOTAL of Disbursements This Page (optional) 1667.06

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 67.88 Transaction ID : D701375
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement Meal	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 45.00 Transaction ID : D701376
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement Membership dues	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 10.00 Transaction ID : D701377
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement Dues	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	122.88
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)	PAGE 77 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 45.00
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement Dues	Transaction ID : D701378
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. New Partners Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20005-5977	Purpose of Disbursement Fundraising consulting fee	Transaction ID : D701419
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. New Partners Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 4500.00
City Washington	State DC	
Zip Code 20005-5977	Purpose of Disbursement Debt retirement	Transaction ID : D701420
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6045.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. New Partners Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20005-5977	Purpose of Disbursement Fundraising consulting fee	
Candidate Name	Category/Type	Transaction ID : D701421
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. New Partners Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 4500.00
City Washington State DC Zip Code 20005-5977	Purpose of Disbursement Debt retirement	
Candidate Name	Category/Type	Transaction ID : D701422
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. New Partners Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20005-5977	Purpose of Disbursement Fundraising consulting fee	
Candidate Name	Category/Type	Transaction ID : D701423
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. New Partners Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 4500.00
City Washington State DC Zip Code 20005-5977	Purpose of Disbursement Debt retirement	
Candidate Name	Category/Type	Transaction ID : D701424
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1101 15th Street, NAW Suite 500		Amount of Each Disbursement this Period 670.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Emails	
Candidate Name	Category/Type	Transaction ID : D701477
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1101 15th Street, NAW Suite 500		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Software	
Candidate Name	Category/Type	Transaction ID : D701478
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5670.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1101 15th Street, NAW Suite 500		Amount of Each Disbursement this Period 2400.00 Transaction ID : D701479
City Washington State DC Zip Code 20005	Purpose of Disbursement Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. North Central States Regional Council of Carpenters		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address N2211 Bodde Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : D701480
City Kaukauna State WI Zip Code 54130-9743	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. North Central States Regional Council of Carpenters		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address N2211 Bodde Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : D701481
City Kaukauna State WI Zip Code 54130-9743	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. North Central States Regional Council of Carpenters		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address N2211 Bodde Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : D701482
City Kaukauna State WI Zip Code 54130-9743	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1201 3rd Ave CLIENT ACCOUNTING		Amount of Each Disbursement this Period 1185.66 Transaction ID : D701385
City Seattle State WA Zip Code 98101-3029	Purpose of Disbursement Legal services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1201 3rd Ave CLIENT ACCOUNTING		Amount of Each Disbursement this Period 380.00 Transaction ID : D701386
City Seattle State WA Zip Code 98101-3029	Purpose of Disbursement Legal services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1815.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 1201 3rd Ave CLIENT ACCOUNTING		Amount of Each Disbursement this Period 120.00 Transaction ID : D701387
City Seattle State WA Zip Code 98101-3029	Purpose of Disbursement Legal services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Runyan Holdings		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 8 E Street, SE		Amount of Each Disbursement this Period 250.00 Transaction ID : D701491
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Room fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Senate District 7 DFL		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address c/o Marsh Stenersen 16 East 5th St		Amount of Each Disbursement this Period 380.00 Transaction ID : D701493
City Duluth State MN Zip Code 55805	Purpose of Disbursement Event sponsor and ad	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Seven Corners Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1099 Snelling Ave N		Amount of Each Disbursement this Period 487.54 Transaction ID : D701400
City Saint Paul	State MN	
Zip Code 55108-2705	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Seven Corners Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1099 Snelling Ave N		Amount of Each Disbursement this Period 2029.43 Transaction ID : D701401
City Saint Paul	State MN	
Zip Code 55108-2705	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Seven Corners Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1099 Snelling Ave N		Amount of Each Disbursement this Period 4719.20 Transaction ID : D701402
City Saint Paul	State MN	
Zip Code 55108-2705	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7236.17
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)	PAGE 84 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)

A. Tall Grass Digital

Mailing Address 321 4th Ave S

City South Saint Paul State MN Zip Code 55075-2617

Purpose of Disbursement Website expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 637.50

Transaction ID : D701371

Category/Type

Full Name (Last, First, Middle Initial)

B. Twenty-First Century Group, Inc.

Mailing Address 434 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraising expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2013

Amount of Each Disbursement this Period: 600.00

Transaction ID : D701495

Category/Type

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 422 Laurel St

City Brainerd State MN Zip Code 56401-3556

Purpose of Disbursement PO Box Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 10 / 2013

Amount of Each Disbursement this Period: 54.00

Transaction ID : D701496

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 1291.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 100		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		15		2013
M M	/	D D	/	Y Y Y Y									
10		15		2013									
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419</td> </tr> </table>		City	State	Zip Code	Minneapolis	MN	55419	<table border="1"> <tr> <td>5.05</td> </tr> </table>		5.05			
City	State	Zip Code											
Minneapolis	MN	55419											
5.05													
Purpose of Disbursement Postage		Transaction ID : D701406											
Candidate Name		Category/Type											
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2014					
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		21		2013
M M	/	D D	/	Y Y Y Y									
10		21		2013									
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419</td> </tr> </table>		City	State	Zip Code	Minneapolis	MN	55419	<table border="1"> <tr> <td>5.05</td> </tr> </table>		5.05			
City	State	Zip Code											
Minneapolis	MN	55419											
5.05													
Purpose of Disbursement Postage		Transaction ID : D701407											
Candidate Name		Category/Type											
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2014					
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>29</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		29		2013
M M	/	D D	/	Y Y Y Y									
10		29		2013									
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419</td> </tr> </table>		City	State	Zip Code	Minneapolis	MN	55419	<table border="1"> <tr> <td>5.05</td> </tr> </table>		5.05			
City	State	Zip Code											
Minneapolis	MN	55419											
5.05													
Purpose of Disbursement Postage		Transaction ID : D701408											
Candidate Name		Category/Type											
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2014					
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	15.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement
Mailing Address Diamond Lake Branch			M M / D D / Y Y Y Y 10 / 07 / 2013
City Minneapolis	State MN	Zip Code 55419	Amount of Each Disbursement this Period 11.30
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D701409
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement
Mailing Address Diamond Lake Branch			M M / D D / Y Y Y Y 12 / 10 / 2013
City Minneapolis	State MN	Zip Code 55419	Amount of Each Disbursement this Period 67.75
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D701412
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement
Mailing Address Diamond Lake Branch			M M / D D / Y Y Y Y 12 / 13 / 2013
City Minneapolis	State MN	Zip Code 55419	Amount of Each Disbursement this Period 46.00
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D701413
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	125.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 100		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. USPS		M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period 5.05
City Minneapolis	State MN Zip Code 55419	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D701414
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. USPS		M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period 5.05
City Minneapolis	State MN Zip Code 55419	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D701415
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. USPS		M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period 67.75
City Minneapolis	State MN Zip Code 55419	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D701416
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	77.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013		
Mailing Address Diamond Lake Branch			Amount of Each Disbursement this Period 1349.23		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701417		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013		
Mailing Address Diamond Lake Branch			Amount of Each Disbursement this Period 5.05		
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701418		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Voter Activation Network			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013		
Mailing Address 48 Grove St Ste 202			Amount of Each Disbursement this Period 250.00		
City Somerville	State MA	Zip Code 02144-2500	Transaction ID : D701390		
Purpose of Disbursement Website expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1604.28
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Voter Activation Network		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 48 Grove St Ste 202		Amount of Each Disbursement this Period 250.00 Transaction ID : D701391
City Somerville State MA Zip Code 02144-2500	Purpose of Disbursement Website expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Voter Activation Network		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 48 Grove St Ste 202		Amount of Each Disbursement this Period 250.00 Transaction ID : D701392
City Somerville State MA Zip Code 02144-2500	Purpose of Disbursement Website expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1750.00 Transaction ID : D701380
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement Administrative services/Compliance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 100			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1931.70
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement Administrative services/Compliance	
Candidate Name	Category/Type	Transaction ID : D701381
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1776.67
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement Administrative services/Compliance	
Candidate Name	Category/Type	Transaction ID : D701382
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Hon. Richard Nolan		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 31516 Old Bridge Rd		Amount of Each Disbursement this Period 3149.22
City Crosby State MN Zip Code 56441-2235	Purpose of Disbursement Expense reimbursement (see below)	
Candidate Name Hon. Richard Nolan	Category/Type	Transaction ID : D701369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6857.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 274.80
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel/Airfare	Candidate Name	Transaction ID : D701372
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. IHG Mountain Iron		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1535 N Stephenson Ave		Amount of Each Disbursement this Period 108.78
City Iron Mountain	State MI Zip Code 49801-1401	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D701451
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. IHG Mountain Iron		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1535 N Stephenson Ave		Amount of Each Disbursement this Period 108.78
City Iron Mountain	State MI Zip Code 49801-1401	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D701452
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[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)	PAGE 92 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Quarterdeck Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1200 N. Ft Myer Drive		Amount of Each Disbursement this Period 338.31
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Dinner for volunteers and interns	Transaction ID : D701486 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hon. Richard Nolan		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 31516 Old Bridge Rd		Amount of Each Disbursement this Period 685.35
City Crosby	State MN	
Zip Code 56441-2235	Purpose of Disbursement Mileage reimbursement	Transaction ID : D701370 [MEMO ITEM]
Candidate Name Hon. Richard Nolan	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sun Country Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1300 Mendota Heights Rd		Amount of Each Disbursement this Period 138.90
City Saint Paul	State MN	
Zip Code 55120-1128	Purpose of Disbursement Travel/Airfare	Transaction ID : D701389 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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)		PAGE 93 OF 100	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period 9.20
City Minneapolis	State MN Zip Code 55419	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : D701405
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO Box 4002		Amount of Each Disbursement this Period 500.00
City Acworth	State GA Zip Code 30101-9003	
Purpose of Disbursement Telephone expense	Candidate Name	Transaction ID : D701374
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Kathleen M. Connolly		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 5321 Clinton Avenue South		Amount of Each Disbursement this Period 453.37
City Minneapolis	State MN Zip Code 55419	
Purpose of Disbursement Expenses (see below if itemized)	Candidate Name	Transaction ID : D701459
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	453.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 100			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Kathleen M. Connolly		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 5321 Clinton Avenue South		Amount of Each Disbursement this Period 36.00
City Minneapolis	State MN	
Zip Code 55419	Purpose of Disbursement Mileage reimbursement	Transaction ID : D701460
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address Diamond Lake Branch		Amount of Each Disbursement this Period 387.89
City Minneapolis	State MN	
Zip Code 55419	Purpose of Disbursement Postage	Transaction ID : D701410
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Kathleen M. Connolly		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 5321 Clinton Avenue South		Amount of Each Disbursement this Period 763.78
City Minneapolis	State MN	
Zip Code 55419	Purpose of Disbursement Expenses (see below if itemized)	Transaction ID : D701462
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	763.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 100			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Kathleen M. Connolly			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 5321 Clinton Avenue South			Amount of Each Disbursement this Period 107.62	
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701463	
Purpose of Disbursement Mileage reimbursement		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Costco			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 11330 Fountains Dr			Amount of Each Disbursement this Period 549.00	
City Maple Grove	State MN	Zip Code 55369-7200	Transaction ID : D701399	
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address Diamond Lake Branch			Amount of Each Disbursement this Period 64.00	
City Minneapolis	State MN	Zip Code 55419	Transaction ID : D701411	
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	93315.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 100	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. Scott Allison		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1719 E 37th St		Amount of Each Disbursement this Period 1250.00
City Hibbing State MN Zip Code 55746-3622	Purpose of Disbursement Contribution refund	
Candidate Name	Category/Type	Transaction ID : D701403
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 100			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 1000.00 Transaction ID : D701470
City Saint Paul State MN Zip Code 55107-1623	Purpose of Disbursement Contribution Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 4320.00 Transaction ID : D701471
City Saint Paul State MN Zip Code 55107-1623	Purpose of Disbursement Contribution Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 3811.67 Transaction ID : D701472
City Saint Paul State MN Zip Code 55107-1623	Purpose of Disbursement Contribution Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9131.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 100	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) A. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 2500.00
City Saint Paul State MN Zip Code 55107-1623	Purpose of Disbursement Non-Federal Contribution	
Candidate Name	Category/Type	Transaction ID : D701475
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	11631.67

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 100
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael Misterek		Nature of Debt (Purpose): Consultant - Field
Mailing Address 211 N 1st St Ste 480		
City State	Zip Code	
Minneapolis	MN 55401-1413	

Outstanding Balance Beginning This Period	Transaction ID : D667034	
<input type="text" value="15000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="15000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor New Partners Consulting, Inc.		Nature of Debt (Purpose): Paid phones
Mailing Address 1250 I St NW Ste 200		
City State	Zip Code	
Washington	DC 20005-5977	

Outstanding Balance Beginning This Period	Transaction ID : D694654	
<input type="text" value="13500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="13500.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hon. Richard Nolan		Nature of Debt (Purpose): Reimbursements
Mailing Address 31516 Old Bridge Rd		
City	State	Zip Code
Crosby	MN	56441-2235

Outstanding Balance Beginning This Period	Transaction ID : D667023	
<input type="text" value="8268.36"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="8268.36"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="23268.36"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

Nolan for Congress Volunteer Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Enid Swaggert

Nature of Debt (Purpose):
Reimbursement

Mailing Address 13347 Park St

City State Zip Code
Baxter MN 56425-8363

Outstanding Balance Beginning This Period

45.00

Transaction ID : D691864

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

45.00

2) **TOTALS** This Period (last page this line number only)

23313.36

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

23313.36