

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 BAIRD FOR CONGRESS

ADDRESS (number and street) PO Box 2823 Battle Ground WA 98604

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00310904 3. IS THIS REPORT NEW (N) OR AMENDED (A) WA 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 07/01/2014 through MM/DD/YYYY 09/30/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cindy Gipson

Signature of Treasurer Cindy Gipson [Electronically Filed] Date MM/DD/YYYY 10/15/2014

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BAIRD FOR CONGRESS**

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))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	278.69	1952.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	278.69	1852.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	279335.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BAIRD FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	100.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	74.02	714.05
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	74.02	814.05

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	278.69	1952.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	36500.00	60000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36778.69	61952.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	316040.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74.02
25. SUBTOTAL (add Line 23 and Line 24).....	316114.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36778.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	279335.64

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

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NAME OF COMMITTEE (In Full)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Wells Fargo Bank, N.A.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 1800 Main Street		<b>Transaction ID : SA15.4477</b>	
City Vancouver	State WA	Zip Code 98660	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.42	
Name of Employer Occupation		Interest income	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 665.45	

Full Name (Last, First, Middle Initial) <b>Wells Fargo Bank, N.A.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 1800 Main Street		<b>Transaction ID : SA15.4529</b>	
City Vancouver	State WA	Zip Code 98660	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.34	
Name of Employer Occupation		Interest income	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 690.79	

Full Name (Last, First, Middle Initial) <b>Wells Fargo Bank, N.A.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1800 Main Street		<b>Transaction ID : SA15.4530</b>	
City Vancouver	State WA	Zip Code 98660	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.26	
Name of Employer Occupation		Interest income	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 714.05	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	74.02
<b>TOTAL</b> This Period (last page this line number only).....	74.02

**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 6 OF 14	
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRIAN N. BAIRD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 16628 76th Ave W		Amount of Each Disbursement this Period 204.20 <b>Transaction ID : SB17.4517</b>
City Edmonds	State WA Zip Code 98026	
Purpose of Disbursement Airfare (see below)	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Alaska Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 204.20 <b>Transaction ID : SB17.4517.0</b> <b>[MEMO ITEM]</b>
City Seattle	State WA Zip Code 98168	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 50.49 <b>Transaction ID : SB17.4471</b>
City Gaithersburg	State MD Zip Code 20878	
Purpose of Disbursement Administrative/Compliance	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	254.69
<b>TOTAL</b> This Period (last page this line number only).....	254.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 14	
	<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)  
**BAIRD FOR CONGRESS**

**A. ALASKANS FOR BEGICH 2014**

Full Name (Last, First, Middle Initial)  
Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement Contribution  011

Candidate Name **MARK BEGICH** Category/Type

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

State: AK District: 00

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 2000.00  
Transaction ID : SB21.4488

**B. AL FRANKEN FOR SENATE 2014**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 583144

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement Contribution  011

Candidate Name **AL FRANKEN** Category/Type

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

State: MN District: 00

Date of Disbursement: 09 / 26 / 2014

Amount of Each Disbursement this Period: 2000.00  
Transaction ID : SB21.4504

**C. ALISON FOR KENTUCKY**

Full Name (Last, First, Middle Initial)  
Mailing Address 340 DEMOCRAT DRIVE

City FRANKFORT State KY Zip Code 40601

Purpose of Disbursement Contribution  011

Candidate Name **ALISON LUNDERGAN GRIMES** Category/Type

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

State: KY District: 00

Date of Disbursement: 09 / 26 / 2014

Amount of Each Disbursement this Period: 1000.00  
Transaction ID : SB21.4525

**SUBTOTAL** of Disbursements This Page (optional) ..... 5000.00

**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 8 OF 14	
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. APPEL FOR IOWA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 702		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4507</b>
City DES MOINES	State IA	
Zip Code 50303	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name <b>STACI APPEL</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. BRALEY FOR IOWA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address PO BOX 856		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4485</b>
City DES MOINES	State IA	
Zip Code 50304	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name <b>BRUCE L BRALEY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. DELBENE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address PO BOX 487		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4479</b>
City BOTHELL	State WA	
Zip Code 98041	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name <b>SUZAN K DELBENE</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HAGAN FOR US SENATE INC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 29103		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4495</b>
City GREENSBORO State NC Zip Code 27429	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>KAY R HAGAN</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. HECK PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 603 STEWART STREET #819		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4523</b>
City SEATTLE State WA Zip Code 98101	Purpose of Disbursement Contribution	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>C. JAMES LEE WITT FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 36		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4520</b>
City DARDANELLE State AR Zip Code 72834	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>JAMES LEE WITT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JEFF MERKLEY FOR OREGON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address PO BOX 14172		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4484</b>
City PORTLAND	State OR	
Zip Code 97293		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name <b>JEFFREY ALAN MERKLEY</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District: 00	

Full Name (Last, First, Middle Initial) <b>B. KEEP NICK RAHALL IN CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address P O BOX 64		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4501</b>
City BECKLEY	State WV	
Zip Code 25801		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name <b>NICK J. RAHALL II</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: 03	

Full Name (Last, First, Middle Initial) <b>C. KIND FOR CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 205 5TH AVENUE SOUTH		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4468</b>
City LA CROSSE	State WI	
Zip Code 54601		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name <b>RON KIND</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<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)  
**BAIRD FOR CONGRESS**

**A. KIND FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement Contribution  011 Category/Type

Candidate Name **RON KIND**

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

State: WI District: 03

Date of Disbursement: 07 / 10 / 2014

Amount of Each Disbursement this Period: 2000.00  
Transaction ID : SB21.4469

**B. KYRSTEN SINEMA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement Contribution  011 Category/Type

Candidate Name **KYRSTEN SINEMA**

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

State: AZ District: 09

Date of Disbursement: 09 / 26 / 2014

Amount of Each Disbursement this Period: 2000.00  
Transaction ID : SB21.4498

**C. NEW DEMOCRAT COALITION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 07 / 30 / 2014

Amount of Each Disbursement this Period: 2500.00  
Transaction ID : SB21.4475

**SUBTOTAL** of Disbursements This Page (optional) ..... 6500.00

**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 12 OF 14			
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NUNN FOR SENATE INC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address PO BOX 78936		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4472</b>
City ATLANTA State GA Zip Code 30357	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>MARY MICHELLE NUNN</b>		
Office Sought: <input type="checkbox"/> House <input checked="" 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: GA District: 11		

Full Name (Last, First, Middle Initial) <b>B. ORMAN FOR US SENATE INC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 14814		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4489</b>
City LENEXA State KS Zip Code 66285	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>GREGORY JOHN ORMAN</b>		
Office Sought: <input type="checkbox"/> House <input checked="" 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: KS District: 00		

Full Name (Last, First, Middle Initial) <b>C. PEOPLE FOR DEREK KILMER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address PO BOX 1381		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4480</b>
City TACOMA State WA Zip Code 98402	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>DEREK KILMER</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 14
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ROMANOFF FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 783		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4513</b>
City AURORA	State CO	
Zip Code 80040	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name <b>ANDREW ROMANOFF</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 06	

Full Name (Last, First, Middle Initial) <b>B. SHAHEEN FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 105 N STATE STREET		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4492</b>
City CONCORD	State NH	
Zip Code 03301	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name <b>JEANNE SHAHEEN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 00	

Full Name (Last, First, Middle Initial) <b>C. TIM BISHOP FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 437		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4510</b>
City FARMINGVILLE	State NY	
Zip Code 11738	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name <b>TIMOTHY BISHOP</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 14			
	<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)  
**BAIRD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UDALL FOR COLORADO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO BOX 40158		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.4470</b>
City DENVER State CO Zip Code 80204	Purpose of Disbursement Contribution	
Candidate Name <b>MARK E UDALL</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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: CO District: 00		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	36500.00