

# 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

Ellison for Congress

ADDRESS (number and street)

PO Box 6072

Check if different than previously reported. (ACC)

Minneapolis

MN

55406

2. FEC IDENTIFICATION NUMBER ▼

C C00422410

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MN

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Carla Kjellberg

Signature of Treasurer Carla Kjellberg

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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  
**Ellison 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))....	182852.79	220583.63
(b) Total Contribution Refunds (from Line 20(d)) .....	20.00	535.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	182832.79	220048.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	139765.40	221480.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	2750.18	2838.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	137015.22	218642.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	86688.78	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ellison for Congress**

Report Covering the Period: From:  /  /  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).....	68201.00	95651.00
(ii) Unitemized.....	94151.79	99432.63
(iii) TOTAL of contributions from individuals ▶	162352.79	195083.63
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20500.00	25500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	182852.79	220583.63
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.) .....	2750.18	2838.13
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	6.45	12.76
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	185609.42	223434.52

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	139765.40	221480.49
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 .....	20.00	35.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	20.00	535.00
21. OTHER DISBURSEMENTS .....	15705.00	29770.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	155490.40	251785.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	56569.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	185609.42
25. SUBTOTAL (add Line 23 and Line 24).....	242179.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	155490.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	86688.78

**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 5 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kamran Abbasi**

Mailing Address 9910 S 87th East Ave

City Tulsa	State OK	Zip Code 74133-5597
---------------	-------------	------------------------

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

Name of Employer Claremore Regional Hospital	Occupation Physician
---	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2013

**Transaction ID : VN8A310DT23**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Maad Abu-Ghazalah**

Mailing Address PO Box 1219

City Pacifica	State CA	Zip Code 94044-6219
------------------	-------------	------------------------

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

Name of Employer MAG Systems, Inc.	Occupation Owner
---------------------------------------	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : VN8A31EYJN2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ismail Abukhdair**

Mailing Address 1301 Sierra Oaks Ct

City Newcastle	State CA	Zip Code 95658-9791
-------------------	-------------	------------------------

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

Name of Employer Self	Occupation Restaurant Owner
--------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : VN8A313D966**

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 6 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Adler**

Mailing Address 3550 SW Bond Ave  
Unit 802

City Portland State OR Zip Code 97239-4714

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

Name of Employer NONE Occupation None

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  
 03 / 01 / 2013

**Transaction ID : VN8A31F6B39**

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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

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

**Transaction ID : VN8A31F6B39E**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
**Rashid Ahmad**

Mailing Address 3414 Lake Terrace Dr

City Elk Grove State CA Zip Code 95758-4634

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 Y  
 03 / 15 / 2013

**Transaction ID : VN8A313DTK4**

Amount of Each Receipt this Period  
250.00

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

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

500.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shoukat Hussain Ali**

Mailing Address 2141 Stratford Cir

City Los Angeles State CA Zip Code 90077-1319

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

Name of Employer Sharmeen's Enterprises, Inc. Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : VN8A31F9665**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Tarek Alkadri**

Mailing Address 609 Ashfield

City Richardson State TX Zip Code 75081-5169

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

Name of Employer All American Flooring Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 17 / 2013

**Transaction ID : VN8A3YMNF6**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Naji Almontaser**

Mailing Address 719 Westminster Rd

City Brooklyn State NY Zip Code 11230-2401

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

Name of Employer Hilton Hotels Occupation Real Estate Professional

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : VN8A310FK40**

Amount of Each Receipt this Period  
 500.00

**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 8 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ameer Alsawaf**

Mailing Address 2025 Hopper PI

City State Zip Code  
Davis CA 95618-7603

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

Name of Employer Occupation  
Self-Employed CPA

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 Y  
 03 / 18 / 2013

**Transaction ID : VN8A31487M7**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ameer Alsawaf**

Mailing Address 2025 Hopper PI

City State Zip Code  
Davis CA 95618-7603

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

Name of Employer Occupation  
Self-Employed CPA

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 Y  
 03 / 18 / 2013

**Transaction ID : VN8A3148890**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeff R Anderson Esq**

Mailing Address 119 Chestnut St W

City State Zip Code  
Stillwater MN 55082-4958

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

Name of Employer Occupation  
Jeff Anderson & Associates Attorney

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 Y  
 03 / 29 / 2013

**Transaction ID : VN8A31F98C8**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00



**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeff R Anderson Esq**

Mailing Address 119 Chestnut St W

City State Zip Code  
Stillwater MN 55082-4958

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

Name of Employer Occupation  
Jeff Anderson & Associates Attorney

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 Y  
03 / 29 / 2013

**Transaction ID : VN8A31F98D6**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Khaliq R. Baig**

Mailing Address 4566 Spencer St

City State Zip Code  
Las Vegas NV 89119-6112

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

Name of Employer Occupation  
Saleha Baig MD Physician

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  
02 / 25 / 2013

**Transaction ID : VN8A310G0B4**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Auli Batts**

Mailing Address 23 Colgate Rd

City State Zip Code  
Wellesley MA 02482-7405

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

Name of Employer Occupation  
Self Psychotherapist

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  
03 / 01 / 2013

**Transaction ID : VN8A31F5PR0**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**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 10 OF 119
	<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)  
**Ellison for Congress**

**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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**51914.38**

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

**Transaction ID : VN8A31F5PR0E**

Amount of Each Receipt this Period  
**250.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**Ray Bellamy MD**

Mailing Address **509 Vinnedge Ride**

City **Tallahassee** State **FL** Zip Code **32303-5141**

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

Name of Employer Occupation  
**Tallahassee Orthopedic Clinic Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 01 / 2013**

**Transaction ID : VN8A39H5S69**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ray Bellamy MD**

Mailing Address **509 Vinnedge Ride**

City **Tallahassee** State **FL** Zip Code **32303-5141**

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

Name of Employer Occupation  
**Tallahassee Orthopedic Clinic Physician**

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 Y  
**03 / 03 / 2013**

**Transaction ID : VN8A3149NJ8**

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).....

**200.00**

**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 11 OF 119
	<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)  
**Ellison for Congress**

**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**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **51914.38**

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

**Transaction ID : VN8A3149NJ8E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**Ray Bellamy MD**

Mailing Address **509 Vinnedge Ride**

City **Tallahassee** State **FL** Zip Code **32303-5141**

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

Name of Employer **Tallahassee Orthopedic Clinic** Occupation **Physician**

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 Y  
**02 / 28 / 2013**

**Transaction ID : VN8A31F5AB1**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

\* 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**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **51914.38**

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

**Transaction ID : VN8A31F5AB1E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**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 12 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara C Bencini**

Mailing Address 2608 Cromwell Ct

City Minneapolis State MN Zip Code 55410-2519

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

Name of Employer Merrill Lynch Occupation Senior VP of Investments

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  
 03 / 30 / 2013

**Transaction ID : VN8A31FPGX9**

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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : VN8A31FPGX9E**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
**Cleo J. Bohne**

Mailing Address 516 4th St N

City New Ulm State MN Zip Code 56073-1706

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 Y  
 02 / 28 / 2013

**Transaction ID : VN8A311EZJ2**

Amount of Each Receipt this Period  
250.00

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

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

500.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret G Boyer**

Mailing Address 1 Belmont Ave

City San Francisco State CA Zip Code 94117-3710

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

Name of Employer Self-Employed 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 Y  
 03 / 18 / 2013

**Transaction ID : VN8A3148841**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexander Brown**

Mailing Address 7929 Valmont Rd

City Boulder State CO Zip Code 80301-4805

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2013

**Transaction ID : VN8A31F56E7**

Amount of Each Receipt this Period  
 250.00

\* 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**

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  
 03 / 03 / 2013

**Transaction ID : VN8A31F56E7E**

Amount of Each Receipt this Period  
 250.00

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

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

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

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 14 OF 119
	<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)  
**Ellison for Congress**

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

Mailing Address 1325 W 27th St  
Apt 312

City Minneapolis State MN Zip Code 55408-1157

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

Name of Employer Self Employed 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  
03 / 18 / 2013

**Transaction ID : VN8A31470Q6**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Linda Padou Burkett Phd**

Mailing Address 3136 Fremont Ave S

City Minneapolis State MN Zip Code 55408-2724

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  
03 / 26 / 2013

**Transaction ID : VN8A31EYP71**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Beverly J Caruso**

Mailing Address 2829 Inglewood Ave S

City St Louis Park State MN Zip Code 55416-4111

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2013

**Transaction ID : VN8A310DV26**

Amount of Each Receipt this Period  
250.00

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

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

900.00

**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 15 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James D Deal**

Mailing Address **PO Box 159**

City **Anoka** State **MN** Zip Code **55303-0159**

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

Name of Employer **NAU Country INS Co** Occupation **Chairman**

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 Y  
**02 / 20 / 2013**

**Transaction ID : VN8A310E1H7**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Quinn Delaney**

Mailing Address **436 14th St  
No 1417**

City **Oakland** State **CA** Zip Code **94612-2703**

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

Name of Employer **Akonadi Foundation** Occupation **Grantmaker**

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  
**03 / 18 / 2013**

**Transaction ID : VN8A3148A39**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Adnan Durrani**

Mailing Address **37 Clapboard Hill Rd**

City **Stamford** State **CT** Zip Code **06905**

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

Name of Employer **American Halal Co** Occupation **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 Y Y  
**03 / 30 / 2013**

**Transaction ID : VN8A31FPFK8**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

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

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

**5600.00**

**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 119
	<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)  
**Ellison for Congress**

**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**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **51914.38**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : VN8A31FPFK8E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**Patrice Eddy**

Mailing Address **1707 Stevens Ave  
Apt 106**

City **Minneapolis** State **MN** Zip Code **55403-3857**

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

Name of Employer **Hennepin County** 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 Y  
**01 / 12 / 2013**

**Transaction ID : VN8A3Y4DG4**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Patrice Eddy**

Mailing Address **1707 Stevens Ave  
Apt 106**

City **Minneapolis** State **MN** Zip Code **55403-3857**

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

Name of Employer **Hennepin County** Occupation **Lawyer**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 30 / 2013**

**Transaction ID : VN8A3YVKA7**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

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

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

\_\_\_\_\_

\_\_\_\_\_

**200.00**



**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patrice Eddy**

Mailing Address 1707 Stevens Ave  
Apt 106

City Minneapolis State MN Zip Code 55403-3857

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

Name of Employer Hennepin County Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

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

**Transaction ID : VN8A310ABC9**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Patrice Eddy**

Mailing Address 1707 Stevens Ave  
Apt 106

City Minneapolis State MN Zip Code 55403-3857

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

Name of Employer Hennepin County Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2013

**Transaction ID : VN8A311TM50**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Patrice Eddy**

Mailing Address 1707 Stevens Ave  
Apt 106

City Minneapolis State MN Zip Code 55403-3857

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

Name of Employer Hennepin County Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

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

**Transaction ID : VN8A313B876**

Amount of Each Receipt this Period  
**100.00**

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

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

**300.00**

**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 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Patrice Eddy**

Mailing Address 1707 Stevens Ave  
Apt 106

City Minneapolis State MN Zip Code 55403-3857

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

Name of Employer Hennepin County Occupation Lawyer

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  
 03 / 30 / 2013

**Transaction ID : VN8A31FA9Q1**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Basim Elkarra**

Mailing Address 5659 Bridgecross Dr

City Sacramento State CA Zip Code 95835-1736

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

Name of Employer CAIR-SV Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
251.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : VN8A31487E9**

Amount of Each Receipt this Period  
251.00

**C.** Full Name (Last, First, Middle Initial)  
**Abdulfatah Elshaar**

Mailing Address 43 Cornerstone Dr

City North Easton State MA Zip Code 02356-2741

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

Name of Employer Medical Associates Occupation Physician

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  
 03 / 08 / 2013

**Transaction ID : VN8A39H5RT5**

Amount of Each Receipt this Period  
500.00

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

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

851.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Louise 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 Retired 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  
 03 / 30 / 2013

**Transaction ID : VN8A31FPGQ2**

Amount of Each Receipt this Period  
500.00

\* 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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : VN8A31FPGQ2E**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
**Orville C Freeman**

Mailing Address 3701 Bryant Ave S  
Apt 304

City Minneapolis State MN Zip Code 55409-1079

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 Y  
 02 / 13 / 2013

**Transaction ID : VN8A310BEP9**

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 20 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Grabowski**

Mailing Address 3930 Glenwood St

City Duluth State MN Zip Code 55804-1403

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

Name of Employer Medica Occupation Claims Analyst

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  
 03 / 28 / 2013

**Transaction ID : VN8A31F4H01**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Gunn**

Mailing Address 7209 Oliver Smith Dr

City Des Moines State IA Zip Code 50322-3123

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

Name of Employer Usps Occupation Clerk

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  
 03 / 10 / 2013

**Transaction ID : VN8A314AT51**

Amount of Each Receipt this Period  
**500.00**

\* 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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **51914.38**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2013

**Transaction ID : VN8A314AT51E**

Amount of Each Receipt this Period  
**500.00**

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

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

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

**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 21 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dale Hadland**

Mailing Address 6510 Highland Scenic Rd

City State Zip Code  
Baxter MN 56425-8351

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

Name of Employer Occupation  
Essentia Health 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  
03 / 08 / 2013

**Transaction ID : VN8A39H5XS7**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7901 Chartwell Ln

City State Zip Code  
Fort Worth TX 76120-5809

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

Name of Employer Occupation  
None None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 17 / 2013

**Transaction ID : VN8A3YMND0**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ammar Hanafi**

Mailing Address 13571 Hill Way

City State Zip Code  
Los Altos Hills CA 94022-3509

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

Name of Employer Occupation  
Alloy Ventures Venture Capitalist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2013

**Transaction ID : VN8A31FPF31**

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).....

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 22 OF 119
	<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)  
**Ellison for Congress**

**A.** 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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : VN8A31FPF31E**

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
**Lonna H. Dole Harkrader**

Mailing Address 1320 Shepherd St

City State Zip Code  
Durham NC 27707-1647

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : VN8A310G0E8**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Tony Hofstede**

Mailing Address 610 Ramsey St NE

City State Zip Code  
Minneapolis MN 55413-1825

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

Name of Employer Occupation  
Hopkins School Dist 270 Pres, Event Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 13 / 2013

**Transaction ID : VN8A310BF08**

Amount of Each Receipt this Period  
500.00

**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 23 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 11808 Centurion Way

City	State	Zip Code
Potomac	MD	20854-6419

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

Name of Employer	Occupation
FI Investment Group	CEO & Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : VN8A313EQC1**

Amount of Each Receipt this Period

2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruhel Islam**

Mailing Address 5728 44th Ave S

City	State	Zip Code
Minneapolis	MN	55417-3015

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

Name of Employer	Occupation
Gandhi Mahal	Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 13 / 2013

**Transaction ID : VN8A310BFQ0**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ruhel Islam**

Mailing Address 5728 44th Ave S

City	State	Zip Code
Minneapolis	MN	55417-3015

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

Name of Employer	Occupation
Gandhi Mahal	Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : VN8A31FPA15**

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).....

3700.00

**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 119
	<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)  
**Ellison for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 51914.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : VN8A31FPA15E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Hamayoun Jamali**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8174 Pond Brook Way  
 City State Zip Code  
 Elk Grove CA 95758-8036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Islamic Relief USA Northwest Development Coordinator  
 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  
 03 / 12 / 2013  
**Transaction ID : VN8A313BQN8**  
 Amount of Each Receipt this Period  
 250.00

**C. Muhammad Ahmad Javed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5812 Kimberly Hill Ct  
 City State Zip Code  
 Carmichael CA 95608-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 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  
 03 / 18 / 2013  
**Transaction ID : VN8A31488C4**  
 Amount of Each Receipt this Period  
 250.00

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

500.00



**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 119
	<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)  
**Ellison for Congress**

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

Mailing Address 436 14th St  
Ste 1417

City State Zip Code  
Oakland CA 94612-2716

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

Name of Employer Occupation  
Jordan Real Estate Investments Real Estate Investment

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  
 03 / 18 / 2013

**Transaction ID : VN8A3148A47**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Walid Joulani**

Mailing Address 2900 Rush Ct

City State Zip Code  
Arlington TX 76017-2551

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

Name of Employer Occupation  
Self-Employed Car Dealer

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  
 01 / 30 / 2013

**Transaction ID : VN8A31YVXG6**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Zagloul Kadah**

Mailing Address 1374 Alki Ave SW  
Apt 400

City State Zip Code  
Seattle WA 98116-1852

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

Name of Employer Occupation  
Solidstate Optronics Engineer

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  
 03 / 11 / 2013

**Transaction ID : VN8A3134ZB1**

Amount of Each Receipt this Period  
500.00

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

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

3600.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Munaf Kadri**

Mailing Address 18760 Turfway Park

City Yorba Linda State CA Zip Code 92886-7020

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : VN8A31EYJZ1**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Aziz Kamali**

Mailing Address 4505 Precissi Ln

City Stockton State CA Zip Code 95207-6240

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : VN8A31487G5**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Aziz Kamali**

Mailing Address 4505 Precissi Ln

City Stockton State CA Zip Code 95207-6240

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : VN8A31487H3**

Amount of Each Receipt this Period  
 400.00

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

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

3250.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harry P. Kamen**

Mailing Address 910 Park Ave

City State Zip Code  
New York NY 10075-0255

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : VN8A39H5PZ0**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Steven Kerbaugh**

Mailing Address 700 Washington Ave N  
Unit 324

City State Zip Code  
Minneapolis MN 55401-1567

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

Name of Employer Occupation  
Anthony Ostlund Baer & Louwagie P.A. 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  
 03 / 01 / 2013

**Transaction ID : VN8A312Z4E0**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Fawzia Keval**

Mailing Address 9336 Crowell Dr

City State Zip Code  
Elk Grove CA 95624-3613

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

Name of Employer Occupation  
Elementary Education EUUSD 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 Y  
 03 / 12 / 2013

**Transaction ID : VN8A313BPZ6**

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 28 OF 119
	<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)  
**Ellison for Congress**

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

Mailing Address 518 Tri Net Ct

City Walnut State CA Zip Code 91789-5226

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

Name of Employer Self-Employed Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : VN8A31F9768**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Aslam Khan**

Mailing Address 19 Thornhill Rd

City Benbrook State TX Zip Code 76132-1046

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

Name of Employer Falcon Holdings, LLC 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 Y  
 01 / 30 / 2013

**Transaction ID : VN8A3YVXQ1**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2303 Megan Way

City Arlington State TX Zip Code 76016-1168

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2013

**Transaction ID : VN8A3YMNN4**

Amount of Each Receipt this Period  
 250.00

**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 29 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 4944 E Crescent Dr

City Anaheim State CA Zip Code 92807-3630

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

Name of Employer AiM Radiology Occupation Physician

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 Y  
 03 / 29 / 2013

**Transaction ID : VN8A31F96H2**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address PO Box 1441

City Los Altos State CA Zip Code 94023-1441

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

Name of Employer Third Millennium On-Line Products Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : VN8A31487J1**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Kreeger**

Mailing Address 665 Milton Rd

City Rye State NY Zip Code 10580-3239

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

Name of Employer Self Occupation Private Investor

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  
 03 / 01 / 2013

**Transaction ID : VN8A31F63T4**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

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

4750.00

**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 119
	<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)  
**Ellison for Congress**

**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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

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

**Transaction ID : VN8A31F63T4E**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
**Ernest W Lampe**

Mailing Address 317 Groveland Ave  
Unit 503

City Minneapolis State MN Zip Code 55403-3666

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2013

**Transaction ID : VN8A310E1D5**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ernest W Lampe**

Mailing Address 317 Groveland Ave  
Unit 503

City Minneapolis State MN Zip Code 55403-3666

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : VN8A31FPBQ2**

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 31 OF 119
	<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)  
**Ellison for Congress**

**A.** 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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : VN8A31FPBQ2E**

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
**Lester Lennon**

Mailing Address 1143 Mount Lowe Dr

City State Zip Code  
Altadena CA 91001-1711

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

Name of Employer Occupation  
Stone & Youngberg Investment Banker

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  
 03 / 31 / 2013

**Transaction ID : VN8A31FBTS1**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Hussein Mahrouq**

Mailing Address 2615 Hemingway Dr

City State Zip Code  
Arlington TX 76006-3201

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

Name of Employer Occupation  
Automax Owner

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  
 01 / 17 / 2013

**Transaction ID : VN8A3YMNM6**

Amount of Each Receipt this Period  
500.00

**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 32 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Azra Majeed**

Mailing Address 5801 Meadow Dr

City State Zip Code  
Frederick MD 21702-2772

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  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2013

**Transaction ID : VN8A3YNH25**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Azra Majeed**

Mailing Address 5801 Meadow Dr

City State Zip Code  
Frederick MD 21702-2772

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  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2013

**Transaction ID : VN8A310FQ99**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Omar Malik**

Mailing Address 3421 Kensington Ct

City State Zip Code  
El Dorado Hills CA 95762-6913

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : VN8A31487B5**

Amount of Each Receipt this Period  
250.00

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

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

550.00



**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 33 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Erwin Marquit**

Mailing Address 3512 W 22nd St  
# 112

City Minneapolis State MN Zip Code 55416-3635

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  
 02 / 12 / 2013

**Transaction ID : VN8A310AGE5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**James P Martineau**

Mailing Address 1235 Yale Pl  
Apt 1702

City Minneapolis State MN Zip Code 55403-1948

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2013

**Transaction ID : VN8A310DS89**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**James Meek**

Mailing Address 1508 San Antone Ln

City Lewisville State TX Zip Code 75077-2856

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

Name of Employer Muslim Legal Fund Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 17 / 2013

**Transaction ID : VN8A3YMMY4**

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 34 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Muhammad Memon**

Mailing Address 6715 Trail Cliff Way

City State Zip Code  
Fort Worth TX 76132-3064

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

Name of Employer Occupation  
Tarrant Gastroenterology Clinic Doctor / 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 Y  
 01 / 30 / 2013

**Transaction ID : VN8A3YVXN5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Moussa**

Mailing Address 5467 Dunlay Dr

City State Zip Code  
Sacramento CA 95835-1522

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

Name of Employer Occupation  
CA Department of Insurance Health Policy Advisor

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  
 03 / 12 / 2013

**Transaction ID : VN8A313BQ53**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mouffa Nahhas**

Mailing Address 703 Giltn Ct

City State Zip Code  
Arlington TX 76006-2424

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

Name of Employer Occupation  
Foods International Owner

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  
 01 / 30 / 2013

**Transaction ID : VN8A3YVXP3**

Amount of Each Receipt this Period  
500.00

**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 35 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anwar Nasser**

Mailing Address 2874 Shaquile St

City State Zip Code  
Corona CA 92882-7599

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

Name of Employer Occupation  
Happy Dental Care Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : VN8A31F9681**

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
**Rudina Odeh-Ramadan**

Mailing Address 5900 Arlington Ave  
Apt 22V

City State Zip Code  
Bronx NY 10471-1324

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

Name of Employer Occupation  
Columbia University Medical Center Pharmacist

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  
02 / 22 / 2013

**Transaction ID : VN8A310FK66**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve Phillips**

Mailing Address 553 Arkansas St

City State Zip Code  
San Francisco CA 94107-2828

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2013

**Transaction ID : VN8A31FCDA3**

Amount of Each Receipt this Period  
2600.00

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

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

4200.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steve Phillips**

Mailing Address 553 Arkansas St

City San Francisco State CA Zip Code 94107-2828

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : VN8A31FD2E1**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dean Preston**

Mailing Address 1045 Hayes Street

City San Francisco State CA Zip Code 94117

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

Name of Employer Tenants Together Occupation Attorney/Nonprofit 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 Y  
**03 / 05 / 2013**

**Transaction ID : VN8A3130V47**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Fathi Rashed**

Mailing Address 6005 Via Alicante

City Granite Bay State CA Zip Code 95746-5837

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

Name of Employer Wireless Store, Inc. Occupation Owner

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  
**03 / 18 / 2013**

**Transaction ID : VN8A31489G9**

Amount of Each Receipt this Period  
**250.00**

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

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

**900.00**

**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 119
	<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)  
**Ellison for Congress**

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

Mailing Address 16599 Vellano Club Dr

City Chino Hills State CA Zip Code 91709-6633

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

Name of Employer Analytical Industries Inc Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : VN8A31F9700**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Saladin**

Mailing Address 9030 Chelshire Estates Ct

City Granite Bay State CA Zip Code 95746-7600

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VN8A313BJY9**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Farooq Selod**

Mailing Address 6209 Indian Creek Dr

City Fort Worth State TX Zip Code 76107-3525

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

Name of Employer Self Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 14 / 2013**

**Transaction ID : VN8A310BN26**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3250.00**

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Omar Selod**

Mailing Address 6851 High Country Dr

City State Zip Code  
Fort Worth TX 76132-3057

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 17 / 2013

**Transaction ID : VN8A3YMN99**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Omar Sharif**

Mailing Address 8140 Barton Rd

City State Zip Code  
Granite Bay CA 95746-9355

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

Name of Employer Occupation  
Sharif Financial Group Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : VN8A31487C3**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Maren Shawesh**

Mailing Address 9030 Chelshire Estates Ct

City State Zip Code  
Granite Bay CA 95746-7600

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

Name of Employer Occupation  
Children's Choice Pediatric Dental Car Marketing 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  
03 / 18 / 2013

**Transaction ID : VN8A3148CH3**

Amount of Each Receipt this Period  
250.00

**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 39 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**William L Shuman**

Mailing Address 217 N Oklahoma Way

City Fayetteville State AR Zip Code 72701-4448

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

Name of Employer Arkansas Tech University Occupation Professor

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 Y  
 02 / 22 / 2013

**Transaction ID : VN8A310FK90**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Dean Siddall**

Mailing Address 1010 23rd Ave NE Apt 1

City Minneapolis State MN Zip Code 55418-3357

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 Y  
 02 / 13 / 2013

**Transaction ID : VN8A310BF32**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ashraf J. Siddiqui**

Mailing Address 1920 S 1st St Apt 204

City Minneapolis State MN Zip Code 55454-1009

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

Name of Employer Self-Employed Occupation Accountant

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  
 02 / 12 / 2013

**Transaction ID : VN8A310AGH8**

Amount of Each Receipt this Period  
**500.00**

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

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

**900.00**

**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 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Asmat Sami Siddiqui**

Mailing Address 51 Scott St

City San Francisco State CA Zip Code 94117-3220

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

Name of Employer Self-Employed Occupation Banking

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 Y  
**03 / 12 / 2013**

**Transaction ID : VN8A313BPM9**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Talat Sami Siddiqui**

Mailing Address 11937 Rising Sun Way

City Gold River State CA Zip Code 95670-8388

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

Name of Employer GreatWest Property Management Occupation Real Estate Broker

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  
**03 / 18 / 2013**

**Transaction ID : VN8A3148875**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Silberstein**

Mailing Address 29 Eucalyptus Rd

City Belvedere State CA Zip Code 94920-2435

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 **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2013**

**Transaction ID : VN8A31FP7F0**

Amount of Each Receipt this Period  
**1500.00**

\* Earmarked Contribution: See Below

**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 41 OF 119
	<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)  
**Ellison for Congress**

**A.** 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**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
51914.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2013

**Transaction ID : VN8A31FP7F0E**

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 15 Atascadero

City State Zip Code  
Irvine CA 92602-1093

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

Name of Employer Occupation  
Information Requested Information Requested

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  
03 / 29 / 2013

**Transaction ID : VN8A31F98Q5**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Kamal Syed**

Mailing Address 5821 Singletree Ct

City State Zip Code  
Fort Worth TX 76132-4470

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 17 / 2013

**Transaction ID : VN8A3YMMZ2**

Amount of Each Receipt this Period  
2500.00

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

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

2800.00

**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 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Anwar Taufique**

Mailing Address 2117 Meredith Ln

City State Zip Code  
Garland TX 75042-3930

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

Name of Employer Occupation  
Muslim Legal Fund Outreach 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 Y  
01 / 17 / 2013

**Transaction ID : VN8A3YMNH2**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Tilsen**

Mailing Address 264 Cove Rd

City State Zip Code  
Hudson WI 54016-8181

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2013

**Transaction ID : VN8A310BP03**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Naziha Wareh**

Mailing Address 374 Shady Oak Dr

City State Zip Code  
Corona CA 92882-5943

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

Name of Employer Occupation  
Orange County Christians and Muslims f Co-Chair

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 Y  
03 / 29 / 2013

**Transaction ID : VN8A31F96P1**

Amount of Each Receipt this Period  
300.00

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

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

1050.00

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth B Weinstock**

Mailing Address 37 Kendal Dr

City State Zip Code  
Oberlin OH 44074-1902

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  
 03 / 26 / 2013

**Transaction ID : VN8A31EYNZ8**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Williams**

Mailing Address 1715 Girard Ave N

City State Zip Code  
Minneapolis MN 55411-3103

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

Name of Employer Occupation  
Park Nicollet 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 Y  
 03 / 21 / 2013

**Transaction ID : VN8A314EGA1**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Tehseen Zafar**

Mailing Address 6131 Roberts Pl

City State Zip Code  
Rancho Cucamonga CA 91739-1732

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

Name of Employer Occupation  
Gen-X Global, Inc President

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  
 03 / 29 / 2013

**Transaction ID : VN8A31F95A7**

Amount of Each Receipt this Period  
1000.00

**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 44 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Khawaja A. Zaheer**

Mailing Address 3 Sheffield Ln

City State Zip Code  
Oak Brook IL 60523-2347

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : VN8A39H5XZ4**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Sunny Zia**

Mailing Address 22492 Goldrush

City State Zip Code  
Lake Forest CA 92630-4307

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : VN8A31F96D0**

Amount of Each Receipt this Period  
2500.00

**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).....

2800.00

68201.00

**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 45 OF 119
<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC**

Mailing Address **777 6th St NW**

City **Washington** State **DC** Zip Code **20001-3723**

FEC ID number of contributing federal political committee. **C C00024521**

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  
**02 / 08 / 2013**

**Transaction ID : VN8A3109JK1**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**American Federaton of State County and Municipal Employees PAC**

Mailing Address **1625 L St NW**

City **Washington** State **DC** Zip Code **20036-5665**

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : VN8A313BW46**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

Mailing Address **220 Leigh Farm Rd**

City **Durham** State **NC** Zip Code **27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

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  
**03 / 18 / 2013**

**Transaction ID : VN8A3148A62**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4000.00**

**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 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ameriprise Financial Inc. PAC (AMERIPRISE PAC)**

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00414474**

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  
 03 / 22 / 2013

**Transaction ID : VN8A314V0D5**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BAE Systems Inc. PAC (BAE Systems USA PAC)**

Mailing Address 1300 17th St N

City Arlington State VA Zip Code 22209-3811

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

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  
 03 / 29 / 2013

**Transaction ID : VN8A31F96R7**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CAIR - CA PAC**

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502-2551

FEC ID number of contributing federal political committee. **C C00396556**

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  
 03 / 26 / 2013

**Transaction ID : VN8A31EYVM4**

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 47 OF 119
	<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Communications Workers of America-COPE**

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C** C00002089

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 Y  
 02 / 25 / 2013

**Transaction ID : VN8A310FYN7**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave NW  
Ste 500W

City Washington State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

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  
 03 / 18 / 2013

**Transaction ID : VN8A3148A70**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**International Association of Firefighters Interested in Registration and Education PAC**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5301

FEC ID number of contributing federal political committee. **C** C00029447

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 Y  
 03 / 29 / 2013

**Transaction ID : VN8A31F96V1**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 48 OF 119
<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)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers Council**

Mailing Address 900 7th St NW  
Bsmt 1

City Washington State DC Zip Code 20001-4089

FEC ID number of contributing federal political committee. **C C00027342**

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  
02 / 12 / 2013

**Transaction ID : VN8A310AGT0**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lockridge Grindal Nauen Political Fund**

Mailing Address 100 Washington Ave S

City Minneapolis State MN Zip Code 55401-2110

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  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2013

**Transaction ID : VN8A3109JJ3**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Committee to Preserve Social Security & Medicare PAC**

Mailing Address 10 G St NE  
Ste 710

City Washington State DC Zip Code 20002-4288

FEC ID number of contributing federal political committee. **C C00172296**

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  
03 / 22 / 2013

**Transaction ID : VN8A314V0E3**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00



**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 49 OF 119
	<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)  
**Ellison for Congress**

**A. National Education Association Fund for Children And Public Education**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 16th St NW

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C00003251

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  
 02 / 25 / 2013

**Transaction ID : VN8A310FYM9**

Amount of Each Receipt this Period  
 1000.00

**B. UA Political Education Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 3 Park Pl

City Annapolis State MD Zip Code 21401-3687

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

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  
 02 / 05 / 2013

**Transaction ID : VN8A3Z5049**

Amount of Each Receipt this Period  
 2500.00

**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).....

3500.00

20500.00

**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 50 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>hotels.com</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2013	
Mailing Address 10440 N Central Expy Ste 400		<b>Transaction ID : VN8A39H9G21</b>	
City Dallas State TX Zip Code 75231-2228	Amount of Each Receipt this Period 78.35		
FEC ID number of contributing federal political committee. C	Refund		
Name of Employer Occupation	Election Cycle-to-Date 78.35		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Refund		

Full Name (Last, First, Middle Initial) <b>hotels.com</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2013	
Mailing Address 10440 N Central Expy Ste 400		<b>Transaction ID : VN8A39H9G39</b>	
City Dallas State TX Zip Code 75231-2228	Amount of Each Receipt this Period 255.33		
FEC ID number of contributing federal political committee. C	Refund		
Name of Employer Occupation	Election Cycle-to-Date 614.54		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Refund		

Full Name (Last, First, Middle Initial) <b>hotels.com</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2013	
Mailing Address 10440 N Central Expy Ste 400		<b>Transaction ID : VN8A39H9G47</b>	
City Dallas State TX Zip Code 75231-2228	Amount of Each Receipt this Period 280.86		
FEC ID number of contributing federal political committee. C	Refund		
Name of Employer Occupation	Election Cycle-to-Date 614.54		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Refund		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	614.54
<b>TOTAL</b> This Period (last page this line number only).....	614.54

**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 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Laura Lambert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 04 / 2013	
Mailing Address 3636 11th Ave S		<b>Transaction ID : VN8A3Y1FC2</b>	
City Minneapolis	State MN	Zip Code 55407-2626	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1029.22	
Name of Employer Self-Employed	Occupation Therapist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1029.22		
		COBRA	

Full Name (Last, First, Middle Initial) <b>B. Laura Lambert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 08 / 2013	
Mailing Address 3636 11th Ave S		<b>Transaction ID : VN8A3109JH5</b>	
City Minneapolis	State MN	Zip Code 55407-2626	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 514.61	
Name of Employer Self-Employed	Occupation Therapist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1543.83		
		COBRA	

Full Name (Last, First, Middle Initial) <b>C. Laura Lambert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2013	
Mailing Address 3636 11th Ave S		<b>Transaction ID : VN8A3130X17</b>	
City Minneapolis	State MN	Zip Code 55407-2626	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 514.61	
Name of Employer Self-Employed	Occupation Therapist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2058.44		
		COBRA	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2058.44
<b>TOTAL</b> This Period (last page this line number only).....	2672.98

**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 52 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Acorn Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 4652 Lyndale Ave N		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : VN7AV9H77D2</b>
City Minneapolis	State MN	
Zip Code 55412-1441	Purpose of Disbursement Storage Rent	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>B. Acorn Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2013
Mailing Address 4652 Lyndale Ave N		Amount of Each Disbursement this Period 79.00 <b>Transaction ID : VN7AV9H77B7</b>
City Minneapolis	State MN	
Zip Code 55412-1441	Purpose of Disbursement Storage Rent	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>C. Acorn Mini Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 4652 Lyndale Ave N		Amount of Each Disbursement this Period 79.00 <b>Transaction ID : VN7AV9H77C5</b>
City Minneapolis	State MN	
Zip Code 55412-1441	Purpose of Disbursement Storage Rent	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).....	257.00
<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 53 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.04 <b>Transaction ID : VN7AV9H7BS6</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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) <b>B. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.37 <b>Transaction ID : VN7AV9H7BT4</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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) <b>C. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.46 <b>Transaction ID : VN7AV9H7BV2</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1.87
<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 54 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.78
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H7BW0
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>B. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1421.36
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H7BX8
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>C. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 189.77
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H7BY6
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1612.91
<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 55 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 18.12
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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) <b>B. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 25.61
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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) <b>C. Actblue Technical</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 190.59
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	234.32
<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 56 OF 119	
	<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)  
**Ellison for Congress**

**A. ADP Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2013

Amount of Each Disbursement this Period: 5889.78

Transaction ID : VN7AV7W8R6

**B. ADP Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2013

Amount of Each Disbursement this Period: 1779.45

Transaction ID : VN7AV7W8S4

[MEMO ITEM]  
\*

**c. David A Leonard**

Full Name (Last, First, Middle Initial)  
Mailing Address 2920 Dean Pkwy Apt 206

City Minneapolis State MN Zip Code 55416-4483

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2013

Amount of Each Disbursement this Period: 1443.75

Transaction ID : VN7AV7W8T2

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 5889.78

**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 57 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Matt Jeffrey Roznowski</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address 803 Douglas Ave Apt 4		Amount of Each Disbursement this Period 1262.09
City Minneapolis	State MN	
Zip Code 55403-3116	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8V0
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>B. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1404.49
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8W8
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>c. ADP Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 60.30
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	Transaction ID : VN7AV9H7BF7
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.30
<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 58 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

**A. ADP Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

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

State: District:

Date of Disbursement: 01 / 18 / 2013

Amount of Each Disbursement this Period: 4487.66

Transaction ID : VN7AV8BK15

**B. ADP Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

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

State: District:

Date of Disbursement: 01 / 18 / 2013

Amount of Each Disbursement this Period: 1243.65

Transaction ID : VN7AV8BK57

[MEMO ITEM]  
\*

**c. David A Leonard**

Full Name (Last, First, Middle Initial)  
Mailing Address 2920 Dean Pkwy Apt 206

City Minneapolis State MN Zip Code 55416-4483

Purpose of Disbursement  
Payroll

Candidate Name

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

State: District:

Date of Disbursement: 01 / 18 / 2013

Amount of Each Disbursement this Period: 1445.78

Transaction ID : VN7AV8BK98

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 4487.66

**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 59 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matt Jeffrey Roznowski</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address 803 Douglas Ave Apt 4		Amount of Each Disbursement this Period 393.74
City Minneapolis	State MN	
Zip Code 55403-3116	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKH2
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>B. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1404.49
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKD0
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>c. ADP Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 199.00
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	Transaction ID : VN7AV9H7BG5
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	199.00
<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 60 OF 119	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial)

**A. ADP Payroll**

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 01 / 25 / 2013

Amount of Each Disbursement this Period 56.80

Transaction ID : VN7AV9H7BA8

Full Name (Last, First, Middle Initial)

**B. ADP Payroll**

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 02 / 05 / 2013

Amount of Each Disbursement this Period 3950.75

Transaction ID : VN7AV8BK23

Full Name (Last, First, Middle Initial)

**C. ADP Payroll**

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 02 / 05 / 2013

Amount of Each Disbursement this Period 1100.48

Transaction ID : VN7AV8BK65

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 4007.55

**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 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. David A Leonard</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2013
Mailing Address 2920 Dean Pkwy Apt 206		Amount of Each Disbursement this Period 1445.79
City Minneapolis	State MN	
Zip Code 55416-4483	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKA6
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>B. Benjamin Somogyi</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1404.48
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKE8
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>c. ADP Payroll</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 56.80
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	Transaction ID : VN7AV9H7BB6
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.80
<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 62 OF 119			
	<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)  
**Ellison for Congress**

**A. ADP Payroll**

Full Name (Last, First, Middle Initial)

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2013

Amount of Each Disbursement this Period: 3947.75

Transaction ID : VN7AV8BK31

**B. ADP Payroll**

Full Name (Last, First, Middle Initial)

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2013

Amount of Each Disbursement this Period: 1097.49

Transaction ID : VN7AV8BK73

[MEMO ITEM]

\*

**c. David A Leonard**

Full Name (Last, First, Middle Initial)

Mailing Address 2920 Dean Pkwy Apt 206

City Minneapolis State MN Zip Code 55416-4483

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2013

Amount of Each Disbursement this Period: 1445.78

Transaction ID : VN7AV8BKB4

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 3947.75

**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 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Benjamin Somogyi</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1404.48
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKF6
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>B. ADP Payroll</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 56.80
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	Transaction ID : VN7AV9H7BC4
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>c. ADP Payroll</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 3935.88
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll - See Memos	Transaction ID : VN7AV8BK49
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3992.88
<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 64 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. ADP Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 1293.65
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Taxes	Transaction ID : VN7AV8BK81
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>B. David A Leonard</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 2920 Dean Pkwy Apt 206		Amount of Each Disbursement this Period 1445.78
City Minneapolis	State MN	
Zip Code 55416-4483	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKC2
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>c. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1196.45
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKG4
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial)

**A. ADP Payroll**

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Service Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 15 / 2013

Amount of Each Disbursement this Period: 56.80

Transaction ID : VN7AV9H7BD2

Full Name (Last, First, Middle Initial)

**B. ADP Payroll**

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 20 / 2013

Amount of Each Disbursement this Period: 3930.38

Transaction ID : VN7AV8BKJ0

Full Name (Last, First, Middle Initial)

**C. ADP Payroll**

Mailing Address 8100 Old Cedar Ave S

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 20 / 2013

Amount of Each Disbursement this Period: 1288.15

Transaction ID : VN7AV8BKK7

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 3987.15

**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 66 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. David A Leonard</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address 2920 Dean Pkwy Apt 206		Amount of Each Disbursement this Period 1445.78
City Minneapolis	State MN	
Zip Code 55416-4483	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKM5
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>B. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1196.45
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV8BKN3
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>c. ADP Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2013
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 56.80
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	Transaction ID : VN7AV9H7BE0
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.80
<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 67 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Osman Ahmed</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2013
Mailing Address 7023 Woodland Dr 203		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : VN7AV9H78X2</b>
City Eden Prairie	State MN Zip Code 55346-2724	
Purpose of Disbursement Administrative Services	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>B. Ambassador Press</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 1400 Washington Ave N		Amount of Each Disbursement this Period 495.45 <b>Transaction ID : VN7AV9H79D6</b>
City Minneapolis	State MN Zip Code 55411-3422	
Purpose of Disbursement Printing	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>c. Ambassador Press</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address 1400 Washington Ave N		Amount of Each Disbursement this Period 515.00 <b>Transaction ID : VN7AV9H79E4</b>
City Minneapolis	State MN Zip Code 55411-3422	
Purpose of Disbursement Printing	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).....	1160.45
<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 68 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ambassador Press</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 1400 Washington Ave N		Amount of Each Disbursement this Period 40.05
City Minneapolis	State MN	
Zip Code 55411-3422	Purpose of Disbursement Printing	Transaction ID : VN7AV9H7921
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>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 266.60
City Dfw Airport	State TX	
Zip Code 75261-9612	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7AX5
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>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75D9
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	314.60
<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 69 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.97
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75C1
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>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75E7
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>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 16.36
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75H0
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29.28
<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 70 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75F5
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>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75G3
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>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 18.74
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75J8
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.64
<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 71 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 33.14
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75K6
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>B. Atomic</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address 615 N 3rd St		Amount of Each Disbursement this Period 160.78
City Minneapolis	State MN	
Zip Code 55401-1210	Purpose of Disbursement Computer Expense	Transaction ID : VN7AV9H76P1
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>C. Atomic</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address 615 N 3rd St		Amount of Each Disbursement this Period 160.78
City Minneapolis	State MN	
Zip Code 55401-1210	Purpose of Disbursement Computer Expense	Transaction ID : VN7AV9H76Q9
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	354.70
<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 72 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bankcard Assoc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2013
Mailing Address 2221 W Broadway St		Amount of Each Disbursement this Period 99.99 88.88 77.77 66.66 55.55 44.44 33.33 22.22 11.11 00.00 12.95
City Fort Worth	State TX	
Zip Code 76102-4311	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75M4
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>B. Bankcard Assoc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2013
Mailing Address 2221 W Broadway St		Amount of Each Disbursement this Period 99.99 88.88 77.77 66.66 55.55 44.44 33.33 22.22 11.11 00.00 69.00
City Fort Worth	State TX	
Zip Code 76102-4311	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75Q8
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>c. Bankcard Assoc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 2221 W Broadway St		Amount of Each Disbursement this Period 99.99 88.88 77.77 66.66 55.55 44.44 33.33 22.22 11.11 00.00 12.95
City Fort Worth	State TX	
Zip Code 76102-4311	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9H75N2
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	94.90
<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 73 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)  
**A. Bankcard Assoc**

Mailing Address 2221 W Broadway St

City Fort Worth State TX Zip Code 76102-4311

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  
02 / 04 / 2013

Amount of Each Disbursement this Period  
69.00

Transaction ID : VN7AV9H75R6

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Bankcard Assoc**

Mailing Address 2221 W Broadway St

City Fort Worth State TX Zip Code 76102-4311

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  
03 / 04 / 2013

Amount of Each Disbursement this Period  
12.95

Transaction ID : VN7AV9H75P0

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Bankcard Assoc**

Mailing Address 2221 W Broadway St

City Fort Worth State TX Zip Code 76102-4311

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  
03 / 04 / 2013

Amount of Each Disbursement this Period  
139.53

Transaction ID : VN7AV9H75S4

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 221.48

**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 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Big Sky Copywriting</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2013</b>
Mailing Address <b>6710 Linda Vista Blvd</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Missoula</b> State <b>MT</b> Zip Code <b>59803-2769</b>	Purpose of Disbursement <b>Consulting - Direct Mail</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7AV9H74Y0</b>
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>B. Broadway Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2013</b>
Mailing Address <b>2025 W River Rd</b>		Amount of Each Disbursement this Period <b>270.34</b>
City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55411-2226</b>	Purpose of Disbursement <b>Event Expense - Food &amp; Beverages</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7AV9H75A5</b>
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>c. Capital Accounting Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2013</b>
Mailing Address <b>4190 Vinewood Ln N Ste 111-554</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>Plymouth</b> State <b>MN</b> Zip Code <b>55442-1715</b>	Purpose of Disbursement <b>Accounting &amp; Compliance Services</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7AV9H7BM7</b>
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).....	<b>3770.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 119			
	<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)  
**Ellison for Congress**

**A. Capital Accounting Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 4190 Vinewood Ln N  
Ste 111-554

City Plymouth State MN Zip Code 55442-1715

Purpose of Disbursement  
Accounting & Compliance Services

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  
02 / 21 / 2013

Amount of Each Disbursement this Period  
1000.00

Transaction ID : VN7AV9H7BJ1

Category/Type

**B. Capital Accounting Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 4190 Vinewood Ln N  
Ste 111-554

City Plymouth State MN Zip Code 55442-1715

Purpose of Disbursement  
Accounting & Compliance Services

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  
03 / 06 / 2013

Amount of Each Disbursement this Period  
1000.00

Transaction ID : VN7AV9H7BK9

Category/Type

**c. CHS Mailing**

Full Name (Last, First, Middle Initial)  
Mailing Address 12006 Old Baltimore Pike

City Beltsville State MD Zip Code 20705-1412

Purpose of Disbursement  
Direct Mailing

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  
02 / 06 / 2013

Amount of Each Disbursement this Period  
3733.54

Transaction ID : VN7AV9H7522

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 5733.54

**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 76 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. CHS Mailing</b>		<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>03</td> <td></td> <td>07</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		07		2013
M M	/	D D	/	Y Y Y Y								
03		07		2013								
Mailing Address 12006 Old Baltimore Pike		Amount of Each Disbursement this Period										
City	State											
Beltsville	MD	20705-1412										
Purpose of Disbursement Direct Mailing		<table border="1"> <tr> <td>2715.93</td> </tr> </table>	2715.93									
2715.93												
Candidate Name												
Office Sought:		Transaction ID : VN7AV9H7514										
<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>B. Comcast</b>		<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>01</td> <td></td> <td>07</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		07		2013
M M	/	D D	/	Y Y Y Y								
01		07		2013								
Mailing Address PO Box 34227		Amount of Each Disbursement this Period										
City	State											
Seattle	WA	98124-1227										
Purpose of Disbursement Internet Service		<table border="1"> <tr> <td>126.90</td> </tr> </table>	126.90									
126.90												
Candidate Name												
Office Sought:		Transaction ID : VN7AV9H77E0										
<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>C. Comcast</b>		<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>02</td> <td></td> <td>06</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		06		2013
M M	/	D D	/	Y Y Y Y								
02		06		2013								
Mailing Address PO Box 34227		Amount of Each Disbursement this Period										
City	State											
Seattle	WA	98124-1227										
Purpose of Disbursement Internet Service		<table border="1"> <tr> <td>126.90</td> </tr> </table>	126.90									
126.90												
Candidate Name												
Office Sought:		Transaction ID : VN7AV9H77F8										
<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).....	<table border="1"> <tr> <td>2969.73</td> </tr> </table>	2969.73
2969.73		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 126.90
City Seattle	State WA	
Zip Code 98124-1227	Purpose of Disbursement Internet Service	Transaction ID : VN7AV9H7G6
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>B. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 811.80
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7B58
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>C. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 402.70
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7AZ1
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1341.40
<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 78 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 500.80 <b>Transaction ID : VN7AV9H7B25</b>
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	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>B. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 500.80 <b>Transaction ID : VN7AV9H7B33</b>
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	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>C. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 1189.30 <b>Transaction ID : VN7AV9H7B82</b>
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	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).....	2190.90
<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 79 OF 119		
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 755.80
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7B41
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>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 34.37
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79S1
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>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 37.97
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79T9
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	828.14
<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 80 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 54.18 <b>Transaction ID : VN7AV9H79X2</b>
City Palo Alto	State CA Zip Code 94304-1111	
Purpose of Disbursement Online Advertising		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>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 42.54 <b>Transaction ID : VN7AV9H79V7</b>
City Palo Alto	State CA Zip Code 94304-1111	
Purpose of Disbursement Online Advertising		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>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 48.59 <b>Transaction ID : VN7AV9H79W5</b>
City Palo Alto	State CA Zip Code 94304-1111	
Purpose of Disbursement Online Advertising		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).....	145.31
<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 81 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2013</b>
Mailing Address <b>1601 S California Ave</b>		Amount of Each Disbursement this Period <b>11.81</b> Transaction ID : <b>VN7AV9H79F2</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94304-1111</b>	Purpose of Disbursement <b>Online Advertising</b>	
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>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 04 / 2013</b>
Mailing Address <b>1601 S California Ave</b>		Amount of Each Disbursement this Period <b>25.15</b> Transaction ID : <b>VN7AV9H79N9</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94304-1111</b>	Purpose of Disbursement <b>Online Advertising</b>	
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>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2013</b>
Mailing Address <b>1601 S California Ave</b>		Amount of Each Disbursement this Period <b>24.77</b> Transaction ID : <b>VN7AV9H79M1</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94304-1111</b>	Purpose of Disbursement <b>Online Advertising</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>61.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 14 / 2013</b>
Mailing Address <b>1601 S California Ave</b>		Amount of Each Disbursement this Period <b>33.71</b> Transaction ID : <b>VN7AV9H79R3</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94304-1111</b>	Purpose of Disbursement <b>Online Advertising</b>	
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>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 15 / 2013</b>
Mailing Address <b>1601 S California Ave</b>		Amount of Each Disbursement this Period <b>80.33</b> Transaction ID : <b>VN7AV9H7A06</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94304-1111</b>	Purpose of Disbursement <b>Online Advertising</b>	
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>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 19 / 2013</b>
Mailing Address <b>1601 S California Ave</b>		Amount of Each Disbursement this Period <b>28.06</b> Transaction ID : <b>VN7AV9H79P7</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94304-1111</b>	Purpose of Disbursement <b>Online Advertising</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>142.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 76.62
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79Y0
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>B. Facebook.com</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 80.31
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79Z8
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>c. Facebook.com</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 20.60
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79G0
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177.53
<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 84 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 22.03
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79J6
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>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 31.19
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79Q5
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>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 22.82
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Transaction ID : VN7AV9H79K3
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.04
<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 85 OF 119		
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 21.93 <b>Transaction ID : VN7AV9H79H8</b>
City Palo Alto	State CA Zip Code 94304-1111	
Purpose of Disbursement Online Advertising	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>B. First National Bank of the Lakes</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 3100 Hennepin Ave		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : VN7AV9H75V9</b>
City Minneapolis	State MN Zip Code 55408-2619	
Purpose of Disbursement Bank 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>C. First National Bank of the Lakes</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 3100 Hennepin Ave		Amount of Each Disbursement this Period 28.01 <b>Transaction ID : VN7AV9H75W7</b>
City Minneapolis	State MN Zip Code 55408-2619	
Purpose of Disbursement Bank 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	74.94
<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 86 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. First National Bank of the Lakes</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address 3100 Hennepin Ave		Amount of Each Disbursement this Period 615.84 Transaction ID : VN7AV9H75X5
City Minneapolis	State MN	
Zip Code 55408-2619	Purpose of Disbursement Bank 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) <b>B. First National Bank of the Lakes</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 3100 Hennepin Ave		Amount of Each Disbursement this Period 63.00 Transaction ID : VN7AV9H75Y3
City Minneapolis	State MN	
Zip Code 55408-2619	Purpose of Disbursement Bank 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) <b>c. Girard Management, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 2845 Harriet Ave Ste 102		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7AV9H7961
City Minneapolis	State MN	
Zip Code 55408-2290	Purpose of Disbursement Rent	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).....	615.84
<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 87 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Graves 601 Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 601 North 1st Avenue		Amount of Each Disbursement this Period 2085.02
City Minneapolis	State MN	
Zip Code 55401-1224	Purpose of Disbursement Event Expense - Food & Beverages	Transaction ID : VN7AV9H74T9
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>B. Harris Teeter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 600 North Glebe Rd, Hyde Park Plaz		Amount of Each Disbursement this Period 316.33
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Event Expense - Food	Transaction ID : VN7AV9H74S1
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>C. Health Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address PO Box 1289		Amount of Each Disbursement this Period 1008.11
City Minneapolis	State MN	
Zip Code 55440-1289	Purpose of Disbursement Health Insurance	Transaction ID : VN7AV9H7BQ1
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3409.46
<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 88 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Health Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PO Box 1289		Amount of Each Disbursement this Period 322.60
City Minneapolis	State MN	
Zip Code 55440-1289	Purpose of Disbursement Health Insurance	Transaction ID : VN7AV9H7BP3
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>B. Health Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address PO Box 1289		Amount of Each Disbursement this Period 3144.10
City Minneapolis	State MN	
Zip Code 55440-1289	Purpose of Disbursement Health Insurance	Transaction ID : VN7AV9H7BR9
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>c. Hotel Laguna</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2013
Mailing Address 425 S Coast Hwy		Amount of Each Disbursement this Period 218.40
City Laguna Beach	State CA	
Zip Code 92651-2403	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7AV9
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3685.10
<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 89 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)  
**A. Hotel Laguna**

Mailing Address 425 S Coast Hwy

City Laguna Beach State CA Zip Code 92651-2403

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 22 / 2013

Amount of Each Disbursement this Period: 257.60

Transaction ID : VN7AV9H7AW7

Full Name (Last, First, Middle Initial)  
**B. hotels.com**

Mailing Address 10440 N Central Expy Ste 400

City Dallas State TX Zip Code 75231-2228

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2013

Amount of Each Disbursement this Period: 156.70

Transaction ID : VN7AV9H7AT2

Full Name (Last, First, Middle Initial)  
**C. hotels.com**

Mailing Address 10440 N Central Expy Ste 400

City Dallas State TX Zip Code 75231-2228

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 05 / 2013

Amount of Each Disbursement this Period: 1072.38

Transaction ID : VN7AV9H7B74

**SUBTOTAL** of Disbursements This Page (optional) ..... 1486.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. hotels.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2013
Mailing Address 10440 N Central Expy Ste 400		Amount of Each Disbursement this Period 97.36
City Dallas	State TX	
Zip Code 75231-2228	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7AQ8
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>B. HP Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address 1675 Larimer St Ste 600		Amount of Each Disbursement this Period 765.15
City Denver	State CO	
Zip Code 80202-1520	Purpose of Disbursement Computer Expense	Transaction ID : VN7AV9H76S4
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>c. Hudson Bay Co. of Illinois</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2013
Mailing Address 11032 Vera Cruz Ave N		Amount of Each Disbursement this Period 7000.00
City Champlin	State MN	
Zip Code 55316-3549	Purpose of Disbursement Fundraising Services	Transaction ID : VN7AV9H7564
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7862.51
<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 91 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hudson Bay Co. of Illinois</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2013
Mailing Address 11032 Vera Cruz Ave N		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7AV9H7548</b>
City Champlin	State MN	
Zip Code 55316-3549	Purpose of Disbursement Fundraising Services	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>B. Hudson Bay Co. of Illinois</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2013
Mailing Address 11032 Vera Cruz Ave N		Amount of Each Disbursement this Period 2786.85 <b>Transaction ID : VN7AV9H7556</b>
City Champlin	State MN	
Zip Code 55316-3549	Purpose of Disbursement Fundraising Services	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>c. Hudson Bay Co. of Illinois</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 11032 Vera Cruz Ave N		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : VN7AV9H7530</b>
City Champlin	State MN	
Zip Code 55316-3549	Purpose of Disbursement Fundraising Services	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).....	7286.85
<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 92 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Impact Printing</b>		M M / D D / Y Y Y Y 01 / 08 / 2013
Mailing Address 1067 Rice St		Amount of Each Disbursement this Period
City Saint Paul State MN Zip Code 55117-4920		400.05
Purpose of Disbursement Printing		Transaction ID : VN7AV9H7672
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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>B. Impact Printing</b>		M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 1067 Rice St		Amount of Each Disbursement this Period
City Saint Paul State MN Zip Code 55117-4920		650.54
Purpose of Disbursement Printing		Transaction ID : VN7AV9H7680
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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>c. ipHouse</b>		M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address 331 2nd Ave S Ste 540		Amount of Each Disbursement this Period
City Minneapolis State MN Zip Code 55401-2243		85.00
Purpose of Disbursement Web Site		Transaction ID : VN7AV9H76C2
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1135.59
<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 93 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. ipHouse</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2013
Mailing Address 331 2nd Ave S Ste 540		Amount of Each Disbursement this Period 85.00
City Minneapolis	State MN	
Zip Code 55401-2243	Purpose of Disbursement Web Site	Transaction ID : VN7AV9H76D0
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>B. ipHouse</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2013
Mailing Address 331 2nd Ave S Ste 540		Amount of Each Disbursement this Period 85.00
City Minneapolis	State MN	
Zip Code 55401-2243	Purpose of Disbursement Web Site	Transaction ID : VN7AV9H76E8
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>c. Ivance Company Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2013
Mailing Address 55 5th St E Ste 1050		Amount of Each Disbursement this Period 1325.00
City Saint Paul	State MN	
Zip Code 55101-6006	Purpose of Disbursement Insurance	Transaction ID : VN7AV9H79B0
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1495.00
<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 94 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lansdowne Leesburg</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2013
Mailing Address 44050 Woodridge Pkwy		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : VN7AV9H7AE7</b>
City Lansdowne State VA Zip Code 20176-5103	Purpose of Disbursement Travel	
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>B. Lansdowne Leesburg</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address 44050 Woodridge Pkwy		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : VN7AV9H79C8</b>
City Lansdowne State VA Zip Code 20176-5103	Purpose of Disbursement Travel/Conference	
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>C. Lansdowne Leesburg</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address 44050 Woodridge Pkwy		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : VN7AV9H7B66</b>
City Lansdowne State VA Zip Code 20176-5103	Purpose of Disbursement Travel/Conference	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2115.00
<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 95 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. David A Leonard</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 2920 Dean Pkwy Apt 206		Amount of Each Disbursement this Period 175.57 <b>Transaction ID : VN7AV9H7CD2</b>
City Minneapolis	State MN Zip Code 55416-4483	
Purpose of Disbursement Reimbursement/Mileage	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>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VN7AV9H97C2</b>
City Lehigh Valley	State PA Zip Code 18002-5505	
Purpose of Disbursement Telephone	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:		

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Linemark Printing</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2013
Mailing Address 501 Prince Georges Blvd		Amount of Each Disbursement this Period 2645.40 <b>Transaction ID : VN7AV9H7506</b>
City Upper Marlboro	State MD Zip Code 20774-7415	
Purpose of Disbursement Printing	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).....	2820.97
<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 96 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marriott JW ES New York</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2013</b>
Mailing Address <b>85 West St</b>		Amount of Each Disbursement this Period <b>453.64</b> Transaction ID : <b>VN7AV9H7B09</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10006-1532</b>	Purpose of Disbursement <b>Travel</b>	
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>B. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2013</b>
Mailing Address <b>1700 N Dixie Hwy Ste 125</b>		Amount of Each Disbursement this Period <b>78.08</b> Transaction ID : <b>VN7AV9H7615</b>
City <b>Boca Raton</b> State <b>FL</b> Zip Code <b>33432-1808</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	
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>c. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2013</b>
Mailing Address <b>1700 N Dixie Hwy Ste 125</b>		Amount of Each Disbursement this Period <b>125.78</b> Transaction ID : <b>VN7AV9H7623</b>
City <b>Boca Raton</b> State <b>FL</b> Zip Code <b>33432-1808</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>657.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Merchant Bankcard**

Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

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  
02 / 04 / 2013

Amount of Each Disbursement this Period  
225.55

Transaction ID : VN7AV9H7649

Category/Type

Full Name (Last, First, Middle Initial)

**B. Merchant Bankcard**

Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

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  
02 / 05 / 2013

Amount of Each Disbursement this Period  
5.66

Transaction ID : VN7AV9H7521

Category/Type

Full Name (Last, First, Middle Initial)

**C. Merchant Bankcard**

Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

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  
02 / 05 / 2013

Amount of Each Disbursement this Period  
16.50

Transaction ID : VN7AV9H7607

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 247.71

**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 98 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Merchant Bankcard</b>		<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>03</td> <td></td> <td>04</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		04		2013
M M	/	D D	/	Y Y Y Y								
03		04		2013								
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period <table border="1"><tr><td>247.57</td></tr></table>	247.57									
247.57												
City Boca Raton	State FL Zip Code 33432-1808											
Purpose of Disbursement Credit Card Processing Fees		<b>Transaction ID : VN7AV9H7656</b>										
Candidate Name												
Office Sought:	Disbursement For: 2014	Category/ Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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>B. Merchant Bankcard</b>		<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>03</td> <td></td> <td>05</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		05		2013
M M	/	D D	/	Y Y Y Y								
03		05		2013								
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period <table border="1"><tr><td>136.98</td></tr></table>	136.98									
136.98												
City Boca Raton	State FL Zip Code 33432-1808											
Purpose of Disbursement Credit Card Processing Fees		<b>Transaction ID : VN7AV9H7631</b>										
Candidate Name												
Office Sought:	Disbursement For: 2014	Category/ Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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>C. Mozza Mia Edina</b>		<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>03</td> <td></td> <td>04</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		04		2013
M M	/	D D	/	Y Y Y Y								
03		04		2013								
Mailing Address 3910 W 50th St		Amount of Each Disbursement this Period <table border="1"><tr><td>236.56</td></tr></table>	236.56									
236.56												
City Minneapolis	State MN Zip Code 55424-1202											
Purpose of Disbursement Event Expense - Food & Beverages		<b>Transaction ID : VN7AV9H7597</b>										
Candidate Name												
Office Sought:	Disbursement For: 2014	Category/ Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"><tr><td>621.11</td></tr></table>	621.11
621.11		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"><tr><td></td></tr></table>	

**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 99 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 52.20
City Washington	State DC Zip Code 20003-4071	
Purpose of Disbursement Membership Dues		Transaction ID : VN7AV9H7C28
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>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 589.80
City Washington	State DC Zip Code 20003-4071	
Purpose of Disbursement Event Expense - Food & Beverages		Transaction ID : VN7AV9H75B3
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>c. New Partners Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 11460.10
City Washington	State DC Zip Code 20005-5977	
Purpose of Disbursement Consulting - Fundraising		Transaction ID : VN7AV9H74W5
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).....	12102.10
<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 100 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. New Partners Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : VN7AV9H74V7</b>
City Washington State DC Zip Code 20005-5977	Purpose of Disbursement Consulting - Fundraising	
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>B. New Partners Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2013
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period 12460.10 <b>Transaction ID : VN7AV9H74X2</b>
City Washington State DC Zip Code 20005-5977	Purpose of Disbursement Consulting - Fundraising	
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>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 5400.00 <b>Transaction ID : VN7AV9H76K7</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27860.10
<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 101 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Ohama</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2013
Mailing Address 5681 River Oak Dr		Amount of Each Disbursement this Period \$ 150.00 <b>Transaction ID : VN7AV9H78W4</b>
City Savage	State MN	
Zip Code 55378-5605	Purpose of Disbursement Administrative Services	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>B. Postmaster</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2013
Mailing Address 3033 27th Ave S		Amount of Each Disbursement this Period \$ 15.95 <b>Transaction ID : VN7AV9H7913</b>
City Minneapolis	State MN	
Zip Code 55406-5100	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>C. Postmaster</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2013
Mailing Address 3033 27th Ave S		Amount of Each Disbursement this Period \$ 60.00 <b>Transaction ID : VN7AV9H7939</b>
City Minneapolis	State MN	
Zip Code 55406-5100	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 225.95
<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 102 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Postmaster**

Mailing Address 3033 27th Ave S

City Minneapolis State MN Zip Code 55406-5100

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2013

Amount of Each Disbursement this Period: 5.14

Transaction ID : VN7AV9H7827

Full Name (Last, First, Middle Initial)

**B. Postmaster**

Mailing Address 3033 27th Ave S

City Minneapolis State MN Zip Code 55406-5100

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 27 / 2013

Amount of Each Disbursement this Period: 138.00

Transaction ID : VN7AV9H7945

Full Name (Last, First, Middle Initial)

**C. Postmaster**

Mailing Address 3033 27th Ave S

City Minneapolis State MN Zip Code 55406-5100

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2013

Amount of Each Disbursement this Period: 138.00

Transaction ID : VN7AV9H7953

**SUBTOTAL** of Disbursements This Page (optional) ..... 281.14

**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 103 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address 3033 27th Ave S		Amount of Each Disbursement this Period 5.60
City Minneapolis	State MN	
Zip Code 55406-5100	Purpose of Disbursement Postage	Transaction ID : VN7AV9H7905
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>B. ProList, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2013
Mailing Address Beechcraft Ave		Amount of Each Disbursement this Period 1345.92
City Gaithersburg	State MD	
Zip Code 20879	Purpose of Disbursement Direct Mailing	Transaction ID : VN7AV9H74Z8
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>c. Redpath Consulting Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 9220 Bass Lake Rd Ste 350		Amount of Each Disbursement this Period 400.00
City Minneapolis	State MN	
Zip Code 55428-3095	Purpose of Disbursement Consulting - IT	Transaction ID : VN7AV9H76J9
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1751.52
<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 104 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matt Jeffrey Roznowski</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address 803 Douglas Ave Apt 4		Amount of Each Disbursement this Period 393.74
City Minneapolis	State MN	
Zip Code 55403-3116	Purpose of Disbursement Payroll	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>B. SFM Risk Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2013
Mailing Address 3500 American Blvd W Ste 700		Amount of Each Disbursement this Period 1432.00
City Minneapolis	State MN	
Zip Code 55431-4439	Purpose of Disbursement Insurance	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>c. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 980.60
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Reimbursement/Mileage	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).....	2806.34
<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 105 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 60.00
City Carol Stream	State IL	
Zip Code 60197-6438	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H9756
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>B. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 893.80
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : VN7AV9H9772
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>c. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 149.70
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Reimbursement/Mileage	Transaction ID : VN7AV9H7C91
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.70
<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 106 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 811.82
City Carol Stream	State IL	
Zip Code 60197-6438	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H9764
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>B. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 811.82
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Reimbursement/Mileage	Transaction ID : VN7AV9H7CA9
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>C. FTD.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 3173 Woodcreek Drive		Amount of Each Disbursement this Period 76.12
City Downers Grove	State IL	
Zip Code 60515-5416	Purpose of Disbursement Event Expense	Transaction ID : VN7AV9H97A6
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	811.82
<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 107 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 77 W Wacker Dr Ste MEZZ		Amount of Each Disbursement this Period 645.80
City Chicago	State IL Zip Code 60601-1732	
Purpose of Disbursement Travel	Category/Type	Transaction ID : VN7AV9H9798
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1793.35
City Minneapolis	State MN Zip Code 55408-2805	
Purpose of Disbursement Reimbursement/Mileage	Category/Type	Transaction ID : VN7AV9H7CC5
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>C. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 884.80
City Atlanta	State GA Zip Code 30320-6001	
Purpose of Disbursement Travel	Category/Type	Transaction ID : VN7AV9H9780
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)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1793.35
<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 108 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address 77 W Wacker Dr Ste MEZZ		Amount of Each Disbursement this Period 812.80
City Chicago	State IL Zip Code 60601-1732	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : VN7AV9H97B4
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>B. St. Paul Development Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2013
Mailing Address 1818 Grand Ave		Amount of Each Disbursement this Period 1100.00
City Saint Paul	State MN Zip Code 55105-1818	
Purpose of Disbursement Rent	Candidate Name	Transaction ID : VN7AV9H7979
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>c. St. Paul Development Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013
Mailing Address 1818 Grand Ave		Amount of Each Disbursement this Period 1100.00
City Saint Paul	State MN Zip Code 55105-1818	
Purpose of Disbursement Rent	Candidate Name	Transaction ID : VN7AV9H7987
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.00
<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 109 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. St. Paul Development Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2013
Mailing Address 1818 Grand Ave		Amount of Each Disbursement this Period 1168.00
City Saint Paul	State MN	
Zip Code 55105-1818	Purpose of Disbursement Rent	Transaction ID : VN7AV9H7994
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>B. St. Paul Development Company</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2013
Mailing Address 1818 Grand Ave		Amount of Each Disbursement this Period 1169.44
City Saint Paul	State MN	
Zip Code 55105-1818	Purpose of Disbursement Rent	Transaction ID : VN7AV9H79A2
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>c. Target</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2013
Mailing Address 2500 E Lake St		Amount of Each Disbursement this Period 3.39
City Minneapolis	State MN	
Zip Code 55406-1976	Purpose of Disbursement Office Supplies	Transaction ID : VN7AV9H78M1
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2340.83
<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 110 OF 119	
	<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)  
**Ellison for Congress**

**A. Target**

Full Name (Last, First, Middle Initial)  
Mailing Address 2500 E Lake St

City Minneapolis State MN Zip Code 55406-1976

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2013

Amount of Each Disbursement this Period: 214.51

Transaction ID : VN7AV9H78Y0

**B. The Foundation**

Full Name (Last, First, Middle Initial)  
Mailing Address 311 7th Ave N

City Minneapolis State MN Zip Code 55401-1237

Purpose of Disbursement Computer Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2013

Amount of Each Disbursement this Period: 399.87

Transaction ID : VN7AV9H76R7

**C. Verizon Wireless**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 24 / 2013

Amount of Each Disbursement this Period: 247.21

Transaction ID : VN7AV9H7759

**SUBTOTAL** of Disbursements This Page (optional) ..... 861.59

**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 111 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90 <b>Transaction ID : VN7AV9H76W8</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90 <b>Transaction ID : VN7AV9H76X6</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	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>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90 <b>Transaction ID : VN7AV9H76Y4</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	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).....	161.70
<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 112 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 246.86
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H7741
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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H7622
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>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 249.09
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H7767
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	549.85
<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 113 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 249.09
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H775
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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H7700
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>c. Vonage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2013
Mailing Address 23 Main St		Amount of Each Disbursement this Period 92.11
City Holmdel	State NJ	
Zip Code 07733-2136	Purpose of Disbursement Telephone	Transaction ID : VN7AV9H7718
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	395.10
<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 114 OF 119			
	<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)  
**Ellison for Congress**

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

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733-2136

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2013

Amount of Each Disbursement this Period: 92.11

Transaction ID : VN7AV9H7726

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

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733-2136

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2013

Amount of Each Disbursement this Period: 92.11

Transaction ID : VN7AV9H7733

Full Name (Last, First, Middle Initial)  
**c. Voter Activation**

Mailing Address 48 Grove St Ste 202

City Somerville State MA Zip Code 02144-2500

Purpose of Disbursement Database Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2013

Amount of Each Disbursement this Period: 150.00

Transaction ID : VN7AV9H76F5

**SUBTOTAL** of Disbursements This Page (optional) ..... 334.22

**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 115 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)  
**A. Voter Activation**

Mailing Address 48 Grove St  
Ste 202

City Somerville State MA Zip Code 02144-2500

Purpose of Disbursement Database Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2013

Amount of Each Disbursement this Period: 150.00

Transaction ID : VN7AV9H76G3

Full Name (Last, First, Middle Initial)  
**B. Voter Activation**

Mailing Address 48 Grove St  
Ste 202

City Somerville State MA Zip Code 02144-2500

Purpose of Disbursement Database Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2013

Amount of Each Disbursement this Period: 150.00

Transaction ID : VN7AV9H76H1

Full Name (Last, First, Middle Initial)  
**c. Westin Long Beach**

Mailing Address 333 E Ocean Blvd

City Long Beach State CA Zip Code 90802-4827

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2013

Amount of Each Disbursement this Period: 125.42

Transaction ID : VN7AV9H7AR6

**SUBTOTAL** of Disbursements This Page (optional) ..... 425.42

**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 116 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westin Long Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 333 E Ocean Blvd		Amount of Each Disbursement this Period 125.42
City Long Beach	State CA	
Zip Code 90802-4827	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7AS4
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>B. Westin San Francisco</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2013
Mailing Address 1 Old Bayshore Hwy		Amount of Each Disbursement this Period 268.71
City Millbrae	State CA	
Zip Code 94030-3120	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7AY3
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>c. Westin San Francisco</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address 1 Old Bayshore Hwy		Amount of Each Disbursement this Period 459.63
City Millbrae	State CA	
Zip Code 94030-3120	Purpose of Disbursement Travel	Transaction ID : VN7AV9H7B17
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	853.76
<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 117 OF 119			
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westin San Francisco</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2013</b>
Mailing Address 1 Old Bayshore Hwy			Amount of Each Disbursement this Period <b>20.36</b>
City Millbrae	State CA	Zip Code 94030-3120	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : VN7AV9H7AJ8</b>
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>B. Westin San Francisco</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2013</b>
Mailing Address 1 Old Bayshore Hwy			Amount of Each Disbursement this Period <b>28.87</b>
City Millbrae	State CA	Zip Code 94030-3120	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : VN7AV9H7AK6</b>
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>C. Westin San Francisco</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2013</b>
Mailing Address 1 Old Bayshore Hwy			Amount of Each Disbursement this Period <b>92.74</b>
City Millbrae	State CA	Zip Code 94030-3120	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : VN7AV9H7AP0</b>
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).....	<b>141.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>137999.13</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Books for Africa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 15 / 2013</b>
Mailing Address 253 4th St E		Amount of Each Disbursement this Period <b>1000.00</b>
City Saint Paul	State MN	
Zip Code 55101-1604	Purpose of Disbursement Donation	<b>Transaction ID : VN7AV9H7C35</b>
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>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2013</b>
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period <b>7000.00</b>
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	<b>Transaction ID : VN7AV9H7C69</b>
Candidate Name <b>Democratic Congressional Campaign Committee</b>	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>C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2013</b>
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period <b>1250.00</b>
City Saint Paul	State MN	
Zip Code 55107-1623	Purpose of Disbursement Unlimited Transfer to State Party	<b>Transaction ID : VN7AV9H7C43</b>
Candidate Name <b>MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 119	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2013</b>
Mailing Address <b>255 Plato Blvd E</b>		Amount of Each Disbursement this Period <b>4455.00</b> <b>Transaction ID : VN7AV9H7C51</b>
City <b>Saint Paul</b> State <b>MN</b> Zip Code <b>55107-1623</b>	Purpose of Disbursement <b>Unlimited Transfer to State Party</b>	
Candidate Name <b>MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Progressive Action PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2013</b>
Mailing Address <b>PO Box 70980</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : VN7AV9H7C77</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20024-0980</b>	Purpose of Disbursement <b>Contribution</b>	
Candidate Name <b>Progressive Action PAC</b>	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6455.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>15705.00</b>