

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))....	20208.86	25304.86
(b) Total Contribution Refunds (from Line 20(d))	23.00	23.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20185.86	25281.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	50868.86	111572.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	82.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	50868.86	111489.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162747.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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).....	6400.00	7650.00
(ii) Unitemized.....	13808.86	17654.86
(iii) TOTAL of contributions from individuals ▶	20208.86	25304.86
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20208.86	25304.86
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	82.64
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	1.65	2.79
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	20210.51	25390.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50868.86	111572.45
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	23.00	23.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	23.00	23.00
21. OTHER DISBURSEMENTS	500.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	51391.86	112595.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	193929.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20210.51
25. SUBTOTAL (add Line 23 and Line 24).....	214139.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51391.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162747.78

**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 29
	<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)
Feisal Abdul Rauf

Mailing Address 475 Riverside Dr
Ste 248

City New York State NY Zip Code 10115-0010

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

Name of Employer The Cordoba Initiative Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

Transaction ID : VN8A3D9H1W4

Amount of Each Receipt this Period
250.00

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

Mailing Address 775 Burnett Ave
Apt 14

City San Francisco State CA Zip Code 94131-1414

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

Name of Employer Self Occupation Author

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014

Transaction ID : VN8A3D9R1C1

Amount of Each Receipt this Period
250.00

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

Mailing Address 4 Embarcadero Ctr
Ste 1400

City San Francisco State CA Zip Code 94111-4164

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

Name of Employer Darwin Ventures Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014

Transaction ID : VN8A3D9R1B3

Amount of Each Receipt this Period
2000.00

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 6 OF 29
	<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)
Sam Jadallah

Mailing Address 1105 Burlingame Ave

City State Zip Code
Burlingame CA 94010-4105

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

Name of Employer Occupation
Tyto Life Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2014

Transaction ID : VN8A3D9T1F2

Amount of Each Receipt this Period
2000.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13742.86

Date of Receipt
M M / D D / Y Y Y Y
12 / 14 / 2014

Transaction ID : VN8A3D9T1F2E

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 6 Perry Ave

City State Zip Code
Menlo Park CA 94025-6172

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

Name of Employer Occupation
Evercore Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 06 / 2014

Transaction ID : VN8A3D9J3W6

Amount of Each Receipt this Period
50.00

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

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

2050.00

**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 29
	<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)
Imad Kamran

Mailing Address 6 Perry Ave

City Menlo Park State CA Zip Code 94025-6172

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

Name of Employer Evercore Occupation Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : VN8A3D9JRG5

Amount of Each Receipt this Period
50.00

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

Mailing Address 6 Perry Ave

City Menlo Park State CA Zip Code 94025-6172

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

Name of Employer Evercore Occupation Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 24 / 2014

Transaction ID : VN8A3DA0T93

Amount of Each Receipt this Period
100.00

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

Mailing Address 655 Princeton Dr

City Sunnyvale State CA Zip Code 94087-1852

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 25 / 2014

Transaction ID : VN8A3D9EY83

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).....

400.00

**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 29
	<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
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13742.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2014

Transaction ID : VN8A3D9EY83E

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 13733 Thunderbird Cir

City State Zip Code
Shakopee MN 55379-9616

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

Name of Employer Occupation
EcoVisions Sustainable Products Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2014

Transaction ID : VN8A3D9STA7

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 State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13742.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2014

Transaction ID : VN8A3D9STA7E

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).....

250.00

**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 29
	<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)
Joel Ronning

Mailing Address 4046 Upton Ave S

City Minneapolis State MN Zip Code 55410-1259

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

Name of Employer Digital River Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2014

Transaction ID : VN8A3D9ZZ73

Amount of Each Receipt this Period
 1000.00

* 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
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2014

Transaction ID : VN8A3D9ZZ73E

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Walter Van Slyke

Mailing Address 225 S Humphrey Ave

City Oak Park State IL Zip Code 60302-3326

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

Name of Employer Van Slyke Consulting Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : VN8A3DACQV4

Amount of Each Receipt this Period
 75.00

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

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

1075.00

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

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

FOR LINE NUMBER: PAGE 10 OF 29
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Ellison for Congress

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

Mailing Address 225 S Humphrey Ave

City State Zip Code
Oak Park IL 60302-3326

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

Name of Employer Occupation
Van Slyke Consulting President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : VN8A3DACQW2

Amount of Each Receipt this Period
125.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

125.00

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 29	
	<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. Acorn Mini Storage		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 4652 Lyndale Ave N		Amount of Each Disbursement this Period 129.95 Transaction ID : VN7AV9TMJA4
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Acorn Mini Storage		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 4652 Lyndale Ave N		Amount of Each Disbursement this Period 267.95 Transaction ID : VN7AV9TMJC0
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Actblue Technical		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 45.19 Transaction ID : VN7AV9TMAS8
City Somerville	State MA	
Zip Code 02144-3132	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	443.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 29	
	<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. Actblue Technical		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 11.76
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VN7AV9TMT6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Actblue Technical		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 189.04
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VN7AV9TMTJ6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Actblue Technical		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 215.64
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VN7AV9TQ1J6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	416.44
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 13 OF 29	
	<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. Actblue Technical		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 16.97 Transaction ID : VN7AV9TQ1K3
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Actblue Technical		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 67.07 Transaction ID : VN7AV9TQ1M1
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 71.05 Transaction ID : VN7AV9TMAM9
City Minneapolis State MN Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	155.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29			
	<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. ADP, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014		
Mailing Address 8100 Old Cedar Ave S			Amount of Each Disbursement this Period 10592.09		
City Minneapolis	State MN	Zip Code 55425-1802	Transaction ID : VN7AV9TM9G4		
Purpose of Disbursement Payroll - See Memos		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. ADP, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014		
Mailing Address 8100 Old Cedar Ave S			Amount of Each Disbursement this Period 3432.65		
City Minneapolis	State MN	Zip Code 55425-1802	Transaction ID : VN7AV9TM9H2		
Purpose of Disbursement Payroll Taxes		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]		
State:	District:	*			

Full Name (Last, First, Middle Initial) c. Sarah S Helgen			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014		
Mailing Address 2700 Pillsbury Ave S Apt 3			Amount of Each Disbursement this Period 2084.43		
City Minneapolis	State MN	Zip Code 55408-1557	Transaction ID : VN7AV9TM9J0		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]		
State:	District:	*			

SUBTOTAL of Disbursements This Page (optional).....	10592.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 29	
	<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. David A Leonard			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014	
Mailing Address 7425 Oak Park Village Dr Apt 3			Amount of Each Disbursement this Period 1707.55	
City Saint Louis Park	State MN	Zip Code 55426-4142	Transaction ID : VN7AV9TM9K8	
Purpose of Disbursement Payroll		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <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. Erin Maye			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014	
Mailing Address 360 Spring St			Amount of Each Disbursement this Period 1006.12	
City Saint Paul	State MN	Zip Code 55102-4455	Transaction ID : VN7AV9TM9M6	
Purpose of Disbursement Payroll		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] *		

Full Name (Last, First, Middle Initial) c. Justin Young			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014	
Mailing Address 1799 Randolph Ave			Amount of Each Disbursement this Period 1042.40	
City Saint Paul	State MN	Zip Code 55105	Transaction ID : VN7AV9TM9N4	
Purpose of Disbursement Payroll		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] *		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29			
	<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. Margaret Zadra			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 525 Logan Ave N			Amount of Each Disbursement this Period 1318.94
City Minneapolis	State MN	Zip Code 55405-1133	
Purpose of Disbursement Payroll		Candidate Name	Transaction ID : VN7AV9TM9P2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM] *
State:	District:		

Full Name (Last, First, Middle Initial) B. ADP, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 8100 Old Cedar Ave S			Amount of Each Disbursement this Period 69.48
City Minneapolis	State MN	Zip Code 55425-1802	
Purpose of Disbursement Payroll Service Fees		Candidate Name	Transaction ID : VN7AV9TMTH8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. ADP, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 8100 Old Cedar Ave S			Amount of Each Disbursement this Period 7307.47
City Minneapolis	State MN	Zip Code 55425-1802	
Purpose of Disbursement Payroll - See Memos		Candidate Name	Transaction ID : VN7AV9TMV14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	7376.95
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 17 OF 29	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ellison for Congress

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 2473.06
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Taxes	Transaction ID : VN7AV9TMV53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. Sarah S Helgen		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 2700 Pillsbury Ave S Apt 3		Amount of Each Disbursement this Period 2084.44
City Minneapolis	State MN	
Zip Code 55408-1557	Purpose of Disbursement Payroll	Transaction ID : VN7AV9TMV22
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. David A Leonard		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 7425 Oak Park Village Dr Apt 3		Amount of Each Disbursement this Period 1707.56
City Saint Louis Park	State MN	
Zip Code 55426-4142	Purpose of Disbursement Payroll	Transaction ID : VN7AV9TMV30
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 29	
	<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. Justin Young		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 1799 Randolph Ave		Amount of Each Disbursement this Period 1042.41
City Saint Paul	State MN	
Zip Code 55105	Purpose of Disbursement Payroll	Transaction ID : VN7AV9TMV45
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 67.90
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service Fees	Transaction ID : VN7AV9TQ187
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bankcard Assoc		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 2221 W Broadway St		Amount of Each Disbursement this Period 283.70
City Fort Worth	State TX	
Zip Code 76102-4311	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7AV9TM9V1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	351.60
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 19 OF 29			
	<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. Beth Foster Consultants LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 2102 W 49th St		Amount of Each Disbursement this Period 1600.00
City Minneapolis	State MN	
Zip Code 55419-5230	Purpose of Disbursement Consulting - Direct Mail	Transaction ID : VN7AV9TMJN1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bodine Painting		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 3937 Blaisdell Ave		Amount of Each Disbursement this Period 545.00
City Minneapolis	State MN	
Zip Code 55409-1508	Purpose of Disbursement Office Expense	Transaction ID : VN7AV9TMVF2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capital Accounting Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 620 Wesley Commons Dr Ste 28		Amount of Each Disbursement this Period 1500.00
City Golden Valley	State MN	
Zip Code 55427-4079	Purpose of Disbursement Compliance Services	Transaction ID : VN7AV9TMVK3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3645.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
	<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. Comcast		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 338.38 Transaction ID : VN7AV9TQ1G0
City Seattle	State WA	
Zip Code 98124-1227	Purpose of Disbursement Internet Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Common Roots Cafe		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 2558 Lyndale Ave S		Amount of Each Disbursement this Period 344.88 Transaction ID : VN7AV9TMJB2
City Minneapolis	State MN	
Zip Code 55405-3319	Purpose of Disbursement Event Expense - Food	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. First Avenue		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 700 1st Ave N		Amount of Each Disbursement this Period 564.07 Transaction ID : VN7AV9TMJH9
City Minneapolis	State MN	
Zip Code 55401	Purpose of Disbursement Event Expense - Facility	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1247.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 29	
	<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. Health Partners

Mailing Address PO Box 1289

City Minneapolis State MN Zip Code 55440-1289

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 15 / 2014

Amount of Each Disbursement this Period: 1987.91

Transaction ID : VN7AV9TMJD8

Full Name (Last, First, Middle Initial)
B. Sarah S Helgen

Mailing Address 2700 Pillsbury Ave S Apt 3

City Minneapolis State MN Zip Code 55408-1557

Purpose of Disbursement Mileage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 18 / 2014

Amount of Each Disbursement this Period: 32.78

Transaction ID : VN7AV9TQ153

Full Name (Last, First, Middle Initial)
c. Hudson Bay Co. of Illinois

Mailing Address 11032 Vera Cruz Ave N

City Champlin State MN Zip Code 55316-3549

Purpose of Disbursement Fundraising Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 6086.73

Transaction ID : VN7AV9TMVM1

SUBTOTAL of Disbursements This Page (optional) 8107.42

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 22 OF 29	
	<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. Jamie M Long

Mailing Address 4417 Zenith Ave S

City Minneapolis State MN Zip Code 55410-1459

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 54.00

Transaction ID : VN7AV9TMVQ5

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: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2014

Amount of Each Disbursement this Period: 18.08

Transaction ID : VN7AV9TM9X7

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: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2014

Amount of Each Disbursement this Period: 19.95

Transaction ID : VN7AV9TM9Y5

SUBTOTAL of Disbursements This Page (optional) 92.03

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29			
	<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										
A. Merchant Bankcard		<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>12</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		03		2014
M M	/	D D	/	Y Y Y Y								
12		03		2014								
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period										
City Boca Raton	State FL Zip Code 33432-1808											
Purpose of Disbursement Credit Card Processing Fees		<table border="1"> <tr> <td>39.16</td> </tr> </table>	39.16									
39.16												
Candidate Name		Transaction ID : VN7AV9TM9Z3										
Office Sought:	Disbursement For: 2016											
<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. Merchant Bankcard		<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>12</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		03		2014
M M	/	D D	/	Y Y Y Y								
12		03		2014								
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period										
City Boca Raton	State FL Zip Code 33432-1808											
Purpose of Disbursement Credit Card Processing Fees		<table border="1"> <tr> <td>41.40</td> </tr> </table>	41.40									
41.40												
Candidate Name		Transaction ID : VN7AV9TMA01										
Office Sought:	Disbursement For: 2016											
<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										
C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		<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>12</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		19		2014
M M	/	D D	/	Y Y Y Y								
12		19		2014								
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period										
City Saint Paul	State MN Zip Code 55107-1623											
Purpose of Disbursement Rent		<table border="1"> <tr> <td>2965.52</td> </tr> </table>	2965.52									
2965.52												
Candidate Name MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Transaction ID : VN7AV9TMVN9										
Office Sought:	Disbursement For: 2016											
<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:												

SUBTOTAL of Disbursements This Page (optional).....	3046.08
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 24 OF 29	
	<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. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 989.17 Transaction ID : VN7AV9TMVP7
City Saint Paul State MN Zip Code 55107-1623	Purpose of Disbursement Utilities	
Candidate Name MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Minnesota Jewish Media LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 4509 Minnetonka Blvd		Amount of Each Disbursement this Period 126.00 Transaction ID : VN7AV9TMVG0
City Minneapolis State MN Zip Code 55416-5192	Purpose of Disbursement Advertising	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. Newport Partners LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 9 Cushing Ste 200		Amount of Each Disbursement this Period 1050.00 Transaction ID : VN7AV9TMJG2
City Irvine State CA Zip Code 92618-4227	Purpose of Disbursement Rent	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2165.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 29			
	<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. Newport Partners LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 9 Cushing Ste 200			Amount of Each Disbursement this Period 1050.00 Transaction ID : VN7AV9TMVJ6
City Irvine	State CA	Zip Code 92618-4227	
Purpose of Disbursement Rent		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. Perkins Coie			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 1201 3rd Ave Ste 4900			Amount of Each Disbursement this Period 203.00 Transaction ID : VN7AV9TMJ96
City Seattle	State WA	Zip Code 98101-3099	
Purpose of Disbursement Legal Fees		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. Postmaster			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 3033 27th Ave S			Amount of Each Disbursement this Period 15.61 Transaction ID : VN7AV9TMAJ3
City Minneapolis	State MN	Zip Code 55406-5100	
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1268.61
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 26 OF 29	
	<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		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 3033 27th Ave S		Amount of Each Disbursement this Period 1.05
City Minneapolis	State MN	
Zip Code 55406-5100	Purpose of Disbursement Postage	Transaction ID : VN7AV9TMAK1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Mynett Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 4616 15th St NW		Amount of Each Disbursement this Period 9000.00
City Washington	State DC	
Zip Code 20011-4319	Purpose of Disbursement Consulting - Fundraising	Transaction ID : VN7AV9TMJM3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 251.00
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9TMA42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9252.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 29	
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 356.11
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV9TQ1H8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Justin Young		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 1799 Randolph Ave		Amount of Each Disbursement this Period 285.87
City Saint Paul	State MN	
Zip Code 55105	Purpose of Disbursement Reimbursement - See Memos	Transaction ID : VN7AV9TQ1C8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 3033 27th Ave S		Amount of Each Disbursement this Period 7.71
City Minneapolis	State MN	
Zip Code 55406-5100	Purpose of Disbursement Postage	Transaction ID : VN7AV9TQ1F2
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	641.98
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 28 OF 29			
	<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											
A. Priceline		<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>12</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		18		2014
M M	/	D D	/	Y Y Y Y									
12		18		2014									
Mailing Address 800 Connecticut Ave Ste 3W01		Amount of Each Disbursement this Period											
City Norwalk State CT Zip Code 06854-1628		<table border="1"> <tr> <td colspan="4">201.48</td> </tr> </table>		201.48									
201.48													
Purpose of Disbursement Travel		Transaction ID : VN7AV9TQ1D6											
Candidate Name		[MEMO ITEM]											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		*											
Disbursement For: 2016 <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.		<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code		<table border="1"> <tr> <td colspan="4"></td> </tr> </table>											
Purpose of Disbursement													
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President													
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C.		<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code		<table border="1"> <tr> <td colspan="4"></td> </tr> </table>											
Purpose of Disbursement													
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President													
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>48800.93</td> </tr> </table>	48800.93
48800.93		

**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 29 OF 29			
	<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) A. Ron Barber for Congress		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO Box 57715		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7AV9TMJK5
City Tucson	State AZ	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Ron Barber		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
State: AZ	District: 02	

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

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

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00