

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Ellison for Congress

ADDRESS (number and street)  
▼

PO Box 6072

☐Check if different  
than previously  
reported. (ACC)

Minneapolis

MN

55406

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00422410

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

MN

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2008

through

03

31

2008

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

Type or Print Name of Treasurer

Samuel L Kaplan

Signature of Treasurer

Electronically Filed by Samuel L Kaplan

Date

06

19

2008

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Ellison for Congress

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 8

	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)).....	197585.00	715089.45
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	197585.00	715089.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	207041.50	481839.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	390.00	1374.89
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	206651.50	480464.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	291582.71	
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)

Page 3

Write or Type Committee Name  
Ellison for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

**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).....

148510.00

453609.47

(ii) Unitemized.....

15075.00

90625.09

(iii) TOTAL of contributions

163585.00

544234.55

from individuals..... ►

0.00

5.90

(b) Political Party Committees.....

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

34000.00

170849.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)

197585.00

715089.45

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

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.).....

390.00

1374.89

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ►

197975.00

716464.34

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	207041.50	481839.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	11250.00	40050.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	218291.50	521889.11

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	311899.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	197975.00
25. SUBTOTAL (add Line 23 and Line 24).....	509874.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	218291.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	291582.71

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

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

FOR LINE NUMBER: PAGE 5 / 166

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Nino Abboushi

Mailing Address 1302 Stardust Dr

City

Diamond Bar

State

CA

Zip Code

91765-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life

Occupation  
Insurance

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665646

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Yousef Abdallah

Mailing Address 4613 Cottage Pl

City

Union City

State

NJ

Zip Code

07087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Islamic Relief, NE

Occupation  
Operations Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713636

Amount of Each Receipt this Period

300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mohamed Osama Abdel-Aal

Mailing Address 6415 Beachview Dr

City

Huntington Beach

State

CA

Zip Code

92648-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consulting Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665662

Amount of Each Receipt this Period

1000.00

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

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

1800.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Sabry Abdel-Aziz

Mailing Address 3 Rosslyn

City

Irvine

State

CA

Zip Code

92620-7908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMA Financial

Occupation

Certified Public Accountant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665686

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Engy Abdelkader

Mailing Address 11 Cannan Ct

City

Howell

State

NJ

Zip Code

07731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legal Services of New Jer-  
sey

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713438

Amount of Each Receipt this Period

300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Frank L. Aceves

Mailing Address 1055 Mandevilla Way

City

Corona

State

CA

Zip Code

92879-8804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Applied Roofing

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665679

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Sajida Ahmad

Mailing Address 19 Davenport Way

City

Hillsborough

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trenton Anesthesiology

Occupation

Anesthesiologist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713426

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Abdul Mateem Ahmed

Mailing Address 226 Independence Dr

City

Claremont

State

CA

Zip Code

91711-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665643

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Asma Ahmed

Mailing Address 16772 SE 63rd PI

City

Bellevue

State

WA

Zip Code

98006-5640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665726

Amount of Each Receipt this Period

2300.00

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

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Farhad K. Ahmed

Mailing Address 16772 SE 63rd PI

City

Bellevue

State

WA

Zip Code

98006-5640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Student

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665727

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Nazli Ahmed

Mailing Address 29 Decente

City

Irvine

State

CA

Zip Code

92614-7308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665691

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Nazli Ahmed

Mailing Address 29 Decente

City

Irvine

State

CA

Zip Code

92614-7308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: C3665692

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Shahnaz Akhtar

Mailing Address 135 Avenue B

City

Bayonne

State

NJ

Zip Code

07002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713447

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Kinda Akkad

Mailing Address 73 Legacy Way

City

Irvine

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658889

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ramzi Al-rashid

Mailing Address 209 Bella Cima Crive

City

Austin

State

TX

Zip Code

78734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Limestone Property Manage-  
ment Company

Occupation  
Property Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 8

Transaction ID: C3714512

Amount of Each Receipt this Period

250.00

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

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

3050.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Hyder Ali

Mailing Address 23280 SE 51st Pl

City

Issaquah

State

WA

Zip Code

98029-6807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Microsoft

Occupation

Software Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665596

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mohamed Ali

Mailing Address 66 Woodlake Dr

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clear Technologies, LLC

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713434

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Sami A Ali

Mailing Address 1009 Highlight Dr

City

West Covina

State

CA

Zip Code

91791-3491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665655

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ali Alnajjar

Mailing Address 628 N Azusa Ave

City

Covina

State

CA

Zip Code

91722-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Planet Stereo

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: C3665701

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mohamed Fadi Alsi

Mailing Address 4161 Marcasel Ave

City

Los Angeles

State

CA

Zip Code

90066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alsi Wood Floors

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 8

Transaction ID: C3665594

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Afzal M. Amanat

Mailing Address 25 Sylvan Ave

City

Pine Brook

State

NJ

Zip Code

07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Medical Lab Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713598

Amount of Each Receipt this Period

400.00

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

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

1150.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mark Amin

Mailing Address 957 Airole Way

City

Los Angeles

State

CA

Zip Code

90077-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lions Gate Entertainment

Occupation

Film Producer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: C3659180

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

M. Ascha

Mailing Address 675 S Rancho Simi Dr

City

Covina

State

CA

Zip Code

91724-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	8

Transaction ID: C3665700

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Hany Mounir Atchan

Mailing Address 488 W Duarte Rd  
Apt 38

City

Arcadia

State

CA

Zip Code

91007-6854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

Transaction ID: C3665680

Amount of Each Receipt this Period

500.00

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

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Abbott Ayloush

Mailing Address 915 Via Lido Soud

City

Newport Beach

State

CA

Zip Code

92663-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Investor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665640

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Tahamei Aziem

Mailing Address 306 Washington St

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713593

Amount of Each Receipt this Period

400.00

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

**C.**

Full Name (Last, First, Middle Initial)

Samar A. Aziz

Mailing Address 2625 Augusta

City

Tustin

State

CA

Zip Code

92782-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665683

Amount of Each Receipt this Period

500.00

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

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

2400.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Maher Azzawi

Mailing Address 7199 Meadowlark Pl

City

Alta Loma

State

CA

Zip Code

91701-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HFMC, Inc

Occupation  
Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665649

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Zaher Azzawi

Mailing Address 6028 Vineyard Ave

City

Alta Loma

State

CA

Zip Code

91701-2746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primecare Medical Group

Occupation  
Medical Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665654

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Wayne Bailey

Mailing Address 3503 Cedar Lake Ave

City

Minneapolis

State

MN

Zip Code

55416-4376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: C3665593

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ahmad Baitalmal

Mailing Address 825 Harrington PL SE  
Unit 2146

City State Zip Code  
Renton WA 98058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Etelos

Occupation  
Chief Product Architect

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3665784

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Linda Baker Keene

Mailing Address 1735 Waterford Ct

City State Zip Code  
Golden Valley MN 55422-4270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Girl Scouts of MN & WI Ri-  
ver Valleys

Occupation  
Executive

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: C3709882

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Iyaz Allah Baksh

Mailing Address 23439 NE 28th PI

City State Zip Code  
Sammamish WA 98074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Microsoft

Occupation  
Engineer

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3665776

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ayman Nazih Barakat

Mailing Address 14230 N Florida Ave

City

Tampa

State

FL

Zip Code

33613-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vulean Auto Imports

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Transaction ID: C5677

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Hina Beg

Mailing Address 238 Park Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713611

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Shamel Bersiek

Mailing Address 27712 Deputy Hills Circle

City

Laguna Hills

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3716715

Amount of Each Receipt this Period

250.00

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

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

1750.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Amer Boukai

Mailing Address 7 Chaparral Ct

City

Rcho Sta Marg

State

CA

Zip Code

92688-5553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CFM, Inc.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665638

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ghada Boukai

Mailing Address 2 Caladium

City

Rcho Sta Marg

State

CA

Zip Code

92688-8739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Link Solutions, In-  
c.

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665652

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ghada Boukai

Mailing Address 2 Caladium

City

Rcho Sta Marg

State

CA

Zip Code

92688-8739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Link Solutions, In-  
c.

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665653

Amount of Each Receipt this Period

1000.00

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

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Magdalena Boukai

Mailing Address 7 Chaparral Ct

City

Rcho Sta Marg

State

CA

Zip Code

92688-5553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Continental Food Manageme-  
nt Inc

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665637

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

W. Joseph Bruckner

Mailing Address 2300 Saint Anthony Pkwy

City

Minneapolis

State

MN

Zip Code

55418-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockridge Grindal Nauen

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 8

Transaction ID: C3699591

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Jerry Burg

Mailing Address 3308 Emerson Ave S

City

Minneapolis

State

MN

Zip Code

55408-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heltzer & Burg, PLC

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681157

Amount of Each Receipt this Period

150.00

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

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

2650.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Linda Burkett

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  
Self

Occupation

Psychologist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Transaction ID: C5678

Amount of Each Receipt this Period

400.00

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

**B.**

Full Name (Last, First, Middle Initial)

Basit Butt

Mailing Address 23 Brookwood Ct

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Bastec Consultants

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713440

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Riffat Chaudary

Mailing Address 15 Rosewood Ct

City

Belle Mead

State

NJ

Zip Code

08502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Downstate Medical Center

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713432

Amount of Each Receipt this Period

500.00

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

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

1400.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

M. Riaz Chaudhary

Mailing Address 1251 Candlewood Dr

City

Fullerton

State

CA

Zip Code

92833-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665663

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ghazali Anwar Chaudry

Mailing Address PO Box 11007

City

New Brunswick

State

NJ

Zip Code

08906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Surgeon

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713352

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Alexandra Coe

Mailing Address 3827 Sheridan Ave S

City

Minneapolis

State

MN

Zip Code

55410-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Musician/Writer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

Transaction ID: C5686

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Farid Currimbhoy

Mailing Address 504 E Highland Park DR NE

City

Hutchinson

State

MN

Zip Code

55350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Millerbernd Design & Fabr-  
ication Co

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5700

Amount of Each Receipt this Period

300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Keillen Curtis

Mailing Address 761 Fuller Ave

City

Saint Paul

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 8

Transaction ID: C3665610

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Houshang Dadgostar

Mailing Address 16601 Ventura Blvd  
4th Floor

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Farming/Agriculture

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658936

Amount of Each Receipt this Period

1000.00

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

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Belal Dalati

Mailing Address 791 S Brookhurst St

City

Anaheim

State

CA

Zip Code

92804-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dalatis, Inc

Occupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665690

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Salaheddine K. Dandan

Mailing Address 1812 223rd PI NE

City

Sammamish

State

WA

Zip Code

98074-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Lawyer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665732

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mohamed Kheir Diab

Mailing Address 1 Stellar Isle

City

Ladera Ranch

State

CA

Zip Code

92694-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Masimo Corp.

Occupation  
Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665656

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mohamed Kheir Diab

Mailing Address 1 Stellar Isle

City

Ladera Ranch

State

CA

Zip Code

92694-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Masimo Corp.

Occupation

Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665657

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

James E. Dorsey

Mailing Address 10475 Hadley Ave N

City

Saint Paul

State

MN

Zip Code

55110-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fredrickson & Byron, P.A.

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681179

Amount of Each Receipt this Period

200.00

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

**C.**

Full Name (Last, First, Middle Initial)

Nafees El Batool

Mailing Address PO Box 1132

City

Yorba Linda

State

CA

Zip Code

92885-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665635

Amount of Each Receipt this Period

2300.00

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

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Dina M. El-Etreby

Mailing Address 19442 Sierra Luna Rd

City

Irvine

State

CA

Zip Code

92603-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Horizon Elementary

Occupation  
Educator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665704

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mohamed Burhan Elazmeh

Mailing Address 920 Wycliffe

City

Irvine

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658894

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Magdy Eletreby

Mailing Address 69 Ritz Cove Dr

City

Dana Point

State

CA

Zip Code

92629-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eletreby Enterprises

Occupation  
Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665688

Amount of Each Receipt this Period

2300.00

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

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

4300.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Hany A. Elkordy

Mailing Address 23300 NE 19th Dr

City

Sammamish

State

WA

Zip Code

98074-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fluke Corporation

Occupation

Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665733

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Ellwood

Mailing Address 233 Medford Leas

City

Medford

State

NJ

Zip Code

08055-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: C5671

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

M. Elsaadi

Mailing Address 1527 Calle Constanca

City

Redlands

State

CA

Zip Code

92373-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665676

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

M. Elsaadi

Mailing Address 1527 Calle Constancia

City

Redlands

State

CA

Zip Code

92373-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665677

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Iraj Ershaghi

Mailing Address PO Box 3779

City

Rolling Hills Esta

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Southern Ca-  
lifornia

Occupation

Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658932

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mitra T Ershaghi

Mailing Address PO Box 3779

City

Rolling Hills Esta

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seven Seas Investment Inc

Occupation

Real Estate Agent

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658935

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Salman M Faizi

Mailing Address 2910 E Muirwood Dr

City

Phoenix

State

AZ

Zip Code

85048-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665734

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Edward Farmer

Mailing Address 147 Cecil St SE

City

Minneapolis

State

MN

Zip Code

55414-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota

Occupation

Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 0 8

Transaction ID: C3665591

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Jalal Farzaneh

Mailing Address 497 Manor Hill Dr

City

Norman

State

OK

Zip Code

73072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Creations

Occupation

Homebuilder

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 8

Transaction ID: C3715348

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Sabeen Fatima

Mailing Address 902 Hyland Ct

City

Eagan

State

MN

Zip Code

55123-2466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5701

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Eric Foster

Mailing Address 1047 Wilson Ave

City

Saint Paul

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

None

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713459

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Frances Franken

Mailing Address 573 S 10th St

City

Minneapolis

State

MN

Zip Code

55404-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Al Franken Inc.

Occupation

Administrator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681161

Amount of Each Receipt this Period

100.00

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

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Carol Freeman

Mailing Address 3237 Lyndale Ave. S

City State Zip Code  
 Minneapolis MN 55408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Minnesota

Occupation  
Researcher

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 3 / 2 0 0 8

Transaction ID: C3659093

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ali Giarushi

Mailing Address 6720 132nd St N

City State Zip Code  
 White Bear Lake MN 55110-6029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Real Estate Masters

Occupation  
Realtor

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 8 / 2 0 0 8

Transaction ID: C5702

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)

Raymond Gooderl

Mailing Address 127 Christenson Ct NE

City State Zip Code  
 Minneapolis MN 55432-4958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 1 6 / 2 0 0 8

Transaction ID: C5682

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Raymond Gooderl

Mailing Address 127 Christenson Ct NE

City

Minneapolis

State

MN

Zip Code

55432-4958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 8

Transaction ID: C3665595

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mohamed Amr Hafez

Mailing Address 11145 Martingale Way

City

Alta Loma

State

CA

Zip Code

91737-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patton State Hospital

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665685

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Khan J. Hameed

Mailing Address 7136 Vista De Oro

City

La Verne

State

CA

Zip Code

91750-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Surgeon

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665661

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Sayema Hameed

Mailing Address 354 S Marengo Ave  
Apt 8

City State Zip Code  
Pasadena CA 91101-3911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
White & Case, LLP

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665669

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Syed A Hamid

Mailing Address 9919 229th Ln NE

City State Zip Code  
Redmond WA 98053-1944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Microsoft

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665725

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Randy Hammad

Mailing Address 1438 N Danube Rd

City State Zip Code  
Fridley MN 55432-5934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Business Owner

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5703

Amount of Each Receipt this Period

200.00

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

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mohammed Harfoush

Mailing Address 2145 Vining Dr  
Unit H

City State Zip Code  
Woodbury MN 55125-7578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Walgreens

Occupation  
Pharmacist

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5704

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Claudia Hartwick

Mailing Address 22 Capral Ln

City State Zip Code  
New City NY 10956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713615

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Saeeda Hasan

Mailing Address 9852 Vicksburg Dr

City State Zip Code  
Huntington Beach CA 92646-5336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Phoenix

Occupation  
Instructor

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665694

Amount of Each Receipt this Period

500.00

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

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

1750.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Zoukai Hawasli

Mailing Address 9 Sunnyvale

City

Irvine

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTR International

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658891

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Silas Houston

Mailing Address 17951 Evener Way

City

Eden Prairie

State

MN

Zip Code

55346-4269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Charter School Consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 8

Transaction ID: C3665622

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kimberly Hunter

Mailing Address 1451 Edmund Ave

City

Saint Paul

State

MN

Zip Code

55104-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681181

Amount of Each Receipt this Period

150.00

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

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

2700.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Aldarsani Hussain

Mailing Address 1668 N San Gabriel Rd

City

Upland

State

CA

Zip Code

91784-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665665

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

M. Afzal Hussain

Mailing Address 2625 Blaze Trl

City

Diamond Bar

State

CA

Zip Code

91765-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665675

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Syed Hussain

Mailing Address 9 Marion Ct

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herbert Kania Pediatric  
Grp

Occupation

Surgeon

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713435

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Allen Isaacman

Mailing Address 1106 Sheridan Ave N

City

Mpls

State

MN

Zip Code

55411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota

Occupation  
Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 8

Transaction ID: C3713877

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Abul F. Islam

Mailing Address 7495 Cypress Pointe

City

Bay City

State

MI

Zip Code

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658952

Amount of Each Receipt this Period

300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ali Jaffar

Mailing Address 5727 Richmond Avenue  
Apt 202

City

Dallas

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Real Estate

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 8

Transaction ID: C3714461

Amount of Each Receipt this Period

250.00

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

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

1550.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Irshad H Jafri

Mailing Address 857 Govern Cir

City

Eagan

State

MN

Zip Code

55123-2460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5708

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Rizwan Jaka

Mailing Address 42884 Ridgeway Dr

City

Broadlands

State

VA

Zip Code

20148-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oracle Corporation

Occupation

Technical Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 0 8

Transaction ID: C3658966

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Amer A. Jandali, MD

Mailing Address 23110 Atlantic Cir  
Ste A

City

Moreno Valley

State

CA

Zip Code

92553-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 8

Transaction ID: C3665717

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Amer A. Jandali, MD

Mailing Address 23110 Atlantic Cir  
Ste A

City State Zip Code  
Moreno Valley CA 92553-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 8

Transaction ID: C3665718

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Saed Jaridly

Mailing Address 9 Coloma

City State Zip Code  
Irvine CA 92602-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr Cabinet Care

Occupation  
CEO

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665689

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ali Javed

Mailing Address 140 Old Saw Mill River Rd

City State Zip Code  
Hawthorne NY 10532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gene Link, Inc.

Occupation  
Director, R&D

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3666471

Amount of Each Receipt this Period

400.00

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

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

3400.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

E Michael Johnson

Mailing Address 2 Spur Road

City

Edina

State

MN

Zip Code

55436-1356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dorsey & Whitney LLP

Occupation

Lawyer

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	8

Transaction ID: C3680469

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Byron Todd Jones

Mailing Address 1855 Rome Ave

City

Saint Paul

State

MN

Zip Code

55116-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robins Kaplan Miller & Ci-  
resi

Occupation

Attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: C3681159

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Ezell Jones

Mailing Address 3124 Dean Ct

City

Minneapolis

State

MN

Zip Code

55416-4386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Insurance Agent

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	8

Transaction ID: C3665577

Amount of Each Receipt this Period

250.00

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

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Nasreen Jordan

Mailing Address 30759 Tarapaca Rd

City

Rancho Palos Verde

State

CA

Zip Code

90275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker Source One  
Rlt

Occupation

Real Estate Agent

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658938

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Nizar Katbi

Mailing Address 45 Canyon Creek

City

Irvine

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTR International

Occupation

President/CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658892

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Nuha Katbi

Mailing Address 45 Canyon Creed

City

Irvine

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658893

Amount of Each Receipt this Period

2300.00

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

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

6100.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Samar Arabi Katbi

Mailing Address 9 Sunnyvale

City

Irvine

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTR International

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658890

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Samer Katbi

Mailing Address 73 Legacy Way

City

Irvine

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTR International

Occupation

Executive Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658888

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Zakia Kator

Mailing Address 4129 Long Cove Cir

City

Corona

State

CA

Zip Code

92883-0703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Best & Kreiger

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665664

Amount of Each Receipt this Period

500.00

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

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

5100.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Nabeel I Kaukab

Mailing Address 101 West 23rd St  
#6L

City State Zip Code  
New York NY 10011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UBS Investment Bank

Occupation  
Investment Banker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3666470

Amount of Each Receipt this Period

800.00

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

**B.**

Full Name (Last, First, Middle Initial)

Rehana Kausar

Mailing Address 704 Timberview Ct N

City State Zip Code  
Fort Worth TX 76112-1715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Anesthesiologist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665699

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Thomas Kayser

Mailing Address 2800 LaSalle Plaza  
800 LaSalle Ave

City State Zip Code  
Minneapolis MN 55402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robins Kaplan Miller Cire-  
si

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681153

Amount of Each Receipt this Period

500.00

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

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mohammed A Khadeer

Mailing Address 22829 NE 97th Pl

City

Redmond

State

WA

Zip Code

98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Microsoft

Occupation

Director of Planning and Engineering

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665624

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Iftikhar Khan

Mailing Address 1970 Fullerton Rd

City

La Habra Heights

State

CA

Zip Code

90631-8212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Medical Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665693

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Muhammad Arshad Khan

Mailing Address 75 Teaneck Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713606

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Susan Khan

Mailing Address 6089 Clarion Cir

City

Minnetonka

State

MN

Zip Code

55343-7904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allina

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5710

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ali Akbar Kolahi

Mailing Address 425 N Barrington Ave

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Textile Center Inc

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658942

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Alaa M. Latif

Mailing Address 2815 Ashberry Ct

City

Fullerton

State

CA

Zip Code

92835-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665634

Amount of Each Receipt this Period

1500.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Aliya Latif

Mailing Address 14 Hilltop Rd

City

Edison

State

NJ

Zip Code

08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAIR-NY

Occupation

Civil Rights Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3666472

Amount of Each Receipt this Period

400.00

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

**B.**

Full Name (Last, First, Middle Initial)

Suzanne A. Latif

Mailing Address 2815 Ashberry Ct

City

Fullerton

State

CA

Zip Code

92835-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walgreens - La Mirada

Occupation

Pharmacist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665636

Amount of Each Receipt this Period

1500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kristin N Lockhart

Mailing Address 5041 Aldrich Ave S

City

Minneapolis

State

MN

Zip Code

55419-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota

Occupation

Assistant Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 0 8

Transaction ID: C3659030

Amount of Each Receipt this Period

250.00

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

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

2150.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Martha F Lofstrom

Mailing Address 3841 Joppa Ave S

City

St Louis Park

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Health Group

Occupation

Reporting Specialist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: C3659175

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Dalia Mahmoud

Mailing Address 348 East 78th Street  
Apt. 5R

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roche Pharmaceutical

Occupation

Pricing Strategy/Consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	8

Transaction ID: C3666473

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Sheema Majiduddin

Mailing Address 36 Cedar Brook Dr

City

Somerset

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex County College

Occupation

Counseling and Career Services

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: C3713436

Amount of Each Receipt this Period

300.00

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

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

1800.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Dr. S H Malik

Mailing Address 41 Lake Drive

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713619

Amount of Each Receipt this Period

300.00

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

**B.**

Full Name (Last, First, Middle Initial)

William Manning

Mailing Address 463 Mount Curve Blvd

City

Saint Paul

State

MN

Zip Code

55105-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robins, Kaplan, Miller &  
Ciresi

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3665787

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

William Manning

Mailing Address 463 Mount Curve Blvd

City

Saint Paul

State

MN

Zip Code

55105-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robins, Kaplan, Miller &  
Ciresi

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681180

Amount of Each Receipt this Period

100.00

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

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

1400.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Joseph Margulies

Mailing Address 2700 Grant St

City

Evanston

State

IL

Zip Code

60201-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MacArthur Justice Center,  
Northwestern

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Transaction ID: C3665716

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Erwin Marquit

Mailing Address 3512 W 22nd St

City

Minneapolis

State

MN

Zip Code

55416-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEP PUBLICATIONS

Occupation

EDITOR

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	8

Transaction ID: C3665567

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Moeen A. Masood

Mailing Address 3613 Clare Downs Path

City

Rosemount

State

MN

Zip Code

55068-4596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	8

Transaction ID: C5712

Amount of Each Receipt this Period

300.00

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

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Elena Meloni-Moon

Mailing Address 55 Paseo De La Luz

City State Zip Code  
 Rancho Palos Verde CA 90275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Star Family Center

Occupation  
Volunteer

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658897

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Omar Merhi

Mailing Address 1022 42 1/2 Ave NE

City State Zip Code  
 Columbia Heights MN 55421-3159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fairview

Occupation  
Reaserch Assistant

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 8 / 2 0 0 8

Transaction ID: C5714

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)

Lynnell Mickelsen

Mailing Address 4233 Linden Hills Blvd

City State Zip Code  
 Minneapolis MN 55410-1607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Writer

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 1 / 2 0 0 8

Transaction ID: C3709878

Amount of Each Receipt this Period

500.00

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

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

1600.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Subhi Milbes

Mailing Address 10965 Carriage Dr

City

Rancho Cucamonga

State

CA

Zip Code

91737-6729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665642

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Barbara Milon

Mailing Address 6105 Lincoln Dr  
Apt 228

City

Edina

State

MN

Zip Code

55436-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 8

Transaction ID: C3665587

Amount of Each Receipt this Period

75.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mike K. Mirahmadi, MD

Mailing Address 264 So. La Cienega Blvd  
PMB 1015

City

Beverly Hills

State

CA

Zip Code

90211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation

Medical Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658941

Amount of Each Receipt this Period

500.00

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

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

2075.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Salman Mitha

Mailing Address 3776 Bayberry Ln

City

Eagan

State

MN

Zip Code

55123-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Deltamatics

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5715

Amount of Each Receipt this Period

400.00

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

**B.**

Full Name (Last, First, Middle Initial)

Haitham Mosly

Mailing Address 3154 Meadow Brook Dr

City

Woodbury

State

MN

Zip Code

55125-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5716

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Khaled Abdel Motagaly

Mailing Address 1303 140th PI NE

City

Bellevue

State

WA

Zip Code

98007-4039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boeing

Occupation  
Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665730

Amount of Each Receipt this Period

250.00

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

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mohsen Movaghar

Mailing Address 224 Lasky Drive S.

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Point Capital

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658943

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Bill Mullin

Mailing Address 1625 W 25th St

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maslon Law Firm

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3665780

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Arshad Mumtaz

Mailing Address 970 Ridge Rd

City

Monmouth Junction

State

NJ

Zip Code

08852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thinfilms, Inc

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713635

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 52 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Zeelar Munir, MD

Mailing Address 206 Westside Drive

City

Rehoboth

State

DE

Zip Code

19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Synergies Behavioral Health

Occupation  
Psychiatrist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: C3680540

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Baker M. Mustafa

Mailing Address 11100 4th St  
Apt M105

City

Rancho Cucamonga

State

CA

Zip Code

91730-5950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665648

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Syed Naqvi

Mailing Address 25 Topiary

City

Irvine

State

CA

Zip Code

92603-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665681

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Shahida R. Naseer

Mailing Address 1338 Topping Rd

City

Saint Louis

State

MO

Zip Code

63131-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Louis University

Occupation  
Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665682

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mohammed M Nisar

Mailing Address 1895 Oak Tree Rd

City

Edison

State

NJ

Zip Code

08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713443

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

M. Farrukh Nizam

Mailing Address 8 Fielding Place

City

Edison

State

NJ

Zip Code

08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Somerset Medical Center

Occupation  
Neurologist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713335

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ayman Osman, MD

Mailing Address 5393 Leather Saddle Lane

City

Brooksville

State

FL

Zip Code

34609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3716244

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Johanna Osman

Mailing Address 574 Prairie Center Dr.  
#135-276

City

Eden Prairie

State

MN

Zip Code

55344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Student/Investor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5718

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ahmad Oyoum

Mailing Address PO Box 581

City

Glendora

State

CA

Zip Code

91740-0581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Insurance Broker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665651

Amount of Each Receipt this Period

500.00

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

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

4800.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Aneesa Parks

Mailing Address 1500 Queen Ave N

City

Minneapolis

State

MN

Zip Code

55411-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minneapolis Public Schools

Occupation

Teacher

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 8

Transaction ID: C3665572

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Shoaib C. Patail, MD

Mailing Address 5438 Vinmar Ave

City

Alta Loma

State

CA

Zip Code

91701-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Fontana Medical Ce-  
nter

Occupation

Pediatrician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665650

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Makbul I. Patel

Mailing Address 7303 Whitegate Ave

City

Riverside

State

CA

Zip Code

92506-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Magnolia Dental Care

Occupation

Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665674

Amount of Each Receipt this Period

1000.00

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

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mahmood Peshimam

Mailing Address 20 Teak Brg

City

Irvine

State

CA

Zip Code

92620-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665658

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Sohail Pirzada

Mailing Address 24 Hickory Way

City

Robbinsville

State

NJ

Zip Code

08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Team Sohail

Occupation  
Real Estate Agent

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713428

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Yasmin Feroz Qasim, MD

Mailing Address 24077 Gold Rush Dr

City

Diamond Bar

State

CA

Zip Code

91765-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665673

Amount of Each Receipt this Period

500.00

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

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Asif Rahman

Mailing Address 3534 Birchpond Rd

City

Eagan

State

MN

Zip Code

55122-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation  
Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5720

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Zead Ramadan

Mailing Address 5900 Arlington Ave

City

Bronx

State

NY

Zip Code

10471-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Restaurateur

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: C3680535

Amount of Each Receipt this Period

1200.00

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

**C.**

Full Name (Last, First, Middle Initial)

Javad Razani, MD

Mailing Address 1325 Tigertail Rd

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden State Behavioral  
Med Gp

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658947

Amount of Each Receipt this Period

500.00

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

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

2700.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Anjum Razaq

Mailing Address 2085 Rancho Hills Dr

City

Chino Hills

State

CA

Zip Code

91709-4763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665647

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Amna A Rizvi

Mailing Address 860 Colt Ln

City

Walnut

State

CA

Zip Code

91789-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Student

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658896

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Sadyia A. Rizvi

Mailing Address 860 Colt Ln

City

Walnut

State

CA

Zip Code

91789-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665639

Amount of Each Receipt this Period

1500.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Syed Arif Rizvi

Mailing Address 860 Colt Ln

City

Walnut

State

CA

Zip Code

91789-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665631

Amount of Each Receipt this Period

800.00

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

**B.**

Full Name (Last, First, Middle Initial)

Glenda Rooney

Mailing Address 3244 Emerson Ave S

City

Minneapolis

State

MN

Zip Code

55408-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Augsburg College

Occupation

Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 8

Transaction ID: C5673

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Glenda Rooney

Mailing Address 3244 Emerson Ave S

City

Minneapolis

State

MN

Zip Code

55408-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Augsburg College

Occupation

Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3716716

Amount of Each Receipt this Period

100.00

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

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Rahim Sabadia

Mailing Address PO Box 1132

City

Yorba Linda

State

CA

Zip Code

92885-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sabtech Industries

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665629

Amount of Each Receipt this Period

2300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Iqbal Sabuhi

Mailing Address 5 Reynolds Ct

City

Edison

State

NJ

Zip Code

08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qasim Pharmacy Inc

Occupation  
Pharmacist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713591

Amount of Each Receipt this Period

300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mohammed Sadiqulla

Mailing Address 652 Glenwoon Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713602

Amount of Each Receipt this Period

400.00

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

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

3000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Hoori Sadler

Mailing Address 1972 Westridge Rd

City

Los Angeles

State

CA

Zip Code

90049-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles Sadler, MD

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

Transaction ID: C3713868

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Kamran Sahabi

Mailing Address 1960 Ashington Drive

City

Glendale

State

CA

Zip Code

91206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Dental Group,  
Glendale - Ve

Occupation

Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

Transaction ID: C3658945

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

M. Marwan Sairafe

Mailing Address 34 Antique Rose

City

Irvine

State

CA

Zip Code

92620-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

Transaction ID: C3665687

Amount of Each Receipt this Period

2300.00

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

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

5100.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Eijaz Samad

Mailing Address 10316 NE 153rd Place

City

Bothell

State

WA

Zip Code

98011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mechanical Refrigeration  
Inc.

Occupation

Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658951

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Rizwan Samad

Mailing Address 8311 Hunts Point Pl

City

Hunts Point

State

WA

Zip Code

98004-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ITC Gulf

Occupation

Business Consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665731

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Reza Sarebanha

Mailing Address 18033 Sweet Elm Dr

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R S Property Management  
Co

Occupation

Real Estate Investor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658940

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Malik Sarwar

Mailing Address 300 East 77th st, Apt 27A

City

New York

State

NY

Zip Code

10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Permal Group

Occupation

SVP

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 0 8

Transaction ID: C3680831

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mohamed Bassam Sebai

Mailing Address 1648 W Mammoth Dr

City

Upland

State

CA

Zip Code

91784-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Rheumatology & Ost-  
eoarthritis

Occupation

Medical Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665672

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ahmad Shafizadeh

Mailing Address 13448 Java Dr

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Contruction & Development

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C3658944

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Mansoor Shah

Mailing Address 880 Palo Verde Ave

City

Long Beach

State

CA

Zip Code

90815-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Protealth Partner

Occupation

Medical Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665645

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Zafar Shaheen

Mailing Address 18 Matthew Ct

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713445

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Bassam N. Shahin

Mailing Address 7018 Amherst Ct

City

Alta Loma

State

CA

Zip Code

91701-6079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Double Tree Hotel

Occupation

Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 8

Transaction ID: C3665644

Amount of Each Receipt this Period

500.00

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

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Faeq M. Shaikh

Mailing Address 1912 163rd Ave NE

City

Bellevue

State

WA

Zip Code

98008-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665728

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Farouk Sheikh

Mailing Address 141 Teaneck Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prospect Realty

Occupation

General Contracting & Development

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713628

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Farouk Sheikh

Mailing Address 141 Teaneck Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prospect Realty

Occupation

General Contracting & Development

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 8

Transaction ID: C3714753

Amount of Each Receipt this Period

160.00

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

\* In-Kind: Wait staff for  
FR event

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

1660.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Asaad K Siddiqi

Mailing Address 787 Arbor Road

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walder, Hayden & Brogan

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: C3680539

Amount of Each Receipt this Period

400.00

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

**B.**

Full Name (Last, First, Middle Initial)

Asaad K Siddiqi

Mailing Address 787 Arbor Road

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walder, Hayden & Brogan

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713567

Amount of Each Receipt this Period

200.00

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

**C.**

Full Name (Last, First, Middle Initial)

Shameem F Siddiqi

Mailing Address 2849 NE 37th St

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Pediatrician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 8

Transaction ID: C3659178

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Omar A. Siddiqui

Mailing Address 1820 Camino La Vis

City

Fullerton

State

CA

Zip Code

92833-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ullwelling, Siddiqui LLPOccupation  
Attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

Transaction ID: C3665641

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Sohail I. Simjee

Mailing Address 13155 Jamboree Rd

City

Tustin

State

CA

Zip Code

92782-9158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tustin Ranch OrthodonticsOccupation  
Dentist

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

Transaction ID: C3665706

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

John Sims, Sr.

Mailing Address 4509 Oakland Ave

City

Minneapolis

State

MN

Zip Code

55407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	8

Transaction ID: C3665606

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Brett Smith

Mailing Address 5300 Irving Avenue South

City State Zip Code  
 Minneapolis MN 55419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
retired

Occupation  
retired

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 0 8

Transaction ID: C3665302

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

Elaine F Smith

Mailing Address 3305 31st Ave NE

City State Zip Code  
 Minneapolis MN 55418-2520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 1 / 2 0 0 8

Transaction ID: C3665601

Amount of Each Receipt this Period

200.00

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

**C.**

Full Name (Last, First, Middle Initial)

Samer S. Soubra

Mailing Address 12122 Diamond St

City State Zip Code  
 Garden Grove CA 92845-1819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reproductive Partners

Occupation  
Embryologist

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665678

Amount of Each Receipt this Period

500.00

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

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

950.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Adam Suqrot

Mailing Address 2708 88th Ave NE

City

Blaine

State

MN

Zip Code

55449-6748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	8

Transaction ID: C5723

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Shafiq A. Surti

Mailing Address 30419 Miraleste Dr

City

Rancho Palos Verde

State

CA

Zip Code

90275-6477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shamin Mgmt, Inc

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	8

Transaction ID: C3665684

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Aleem Syed

Mailing Address 18580 Vantage Pointe Dr

City

Rowland Heights

State

CA

Zip Code

91748-5145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Medical Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	8

Transaction ID: C3665670

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Suhail R Syed

Mailing Address 1601 149th PI SE  
Apt 3

City State Zip Code  
Bellevue WA 98007-6831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Microsoft

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665724

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

Omar Tawakol

Mailing Address 4611 135th PI SE

City State Zip Code  
Bellevue WA 98006-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bluekai

Occupation  
CEO

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665721

Amount of Each Receipt this Period

800.00

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

**C.**

Full Name (Last, First, Middle Initial)

C. Reginald Taylor

Mailing Address 4129 Main St  
Ste B5

City State Zip Code  
Riverside CA 92501-3669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665705

Amount of Each Receipt this Period

500.00

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

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

2300.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Anthony V Thompson

Mailing Address 130 Eagle Lake Rd So.

City

Big Lake

State

MN

Zip Code

55309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo

Occupation  
Banker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 8

Transaction ID: C3659176

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Tisel

Mailing Address 4155 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 8

Transaction ID: C3665580

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)

Asim Usmani

Mailing Address 102 Gambocz Ct

City

Monmouth Junction

State

NJ

Zip Code

08852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Re/Max Real Estate Services

Occupation  
Realtor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713424

Amount of Each Receipt this Period

250.00

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

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Abubakar Wakil

Mailing Address 16644 China Berry Ct

City

Chino Hills

State

CA

Zip Code

91709-6392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665666

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Majdi Wadi

Mailing Address 2427 Tournament Players Cir N

City

Blaine

State

MN

Zip Code

55449-5668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

Transaction ID: C5726

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Abdul Wahab

Mailing Address 14712 Kensington Ln

City

Westminster

State

CA

Zip Code

92683-5828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wasatch Corp

Occupation

Businessman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665667

Amount of Each Receipt this Period

500.00

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

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Shabana Yasmin

Mailing Address 951 Sky Meadow Pl

City

Walnut

State

CA

Zip Code

91789-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Pharmacist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665671

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

James Yee

Mailing Address 913 Lilly Rd NE  
Apt G16

City

Olympia

State

WA

Zip Code

98506-6925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: C3665588

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)

Aamir Zaman

Mailing Address 404 Blanch Ave

City

Closter

State

NJ

Zip Code

07624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Regional Med-  
ical Center

Occupation  
Physican

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: C3713431

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Amer R. Zarka

Mailing Address 4 Mountainbrook

City

Irvine

State

CA

Zip Code

92620-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665659

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Amer R. Zarka

Mailing Address 4 Mountainbrook

City

Irvine

State

CA

Zip Code

92620-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665660

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Faruk Zia

Mailing Address 16242 Redwood St

City

Fountain Valley

State

CA

Zip Code

92708-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Angeles Steel

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: C3665703

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

David Zingler

Mailing Address 4244 31st Ave S

City

Minneapolis

State

MN

Zip Code

55406-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 8

Transaction ID: C5685

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

David Zingler

Mailing Address 4244 31st Ave S

City

Minneapolis

State

MN

Zip Code

55406-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681162

Amount of Each Receipt this Period

25.00

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

**C.**

Full Name (Last, First, Middle Initial)

Judith Zink

Mailing Address 600 Second St  
Apt 404

City

Alexandria

State

VA

Zip Code

22314-5354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The PMA Group

Occupation

Federal Relations Consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

Transaction ID: C3665599

Amount of Each Receipt this Period

250.00

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

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

325.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Faisal M. Zubairi

Mailing Address 18 Kernville

City

Irvine

State

CA

Zip Code

92602-2456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dorsey & Whitney, LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: C3665668

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Harvey Zuckman

Mailing Address 3500 Holmes Ave

City

Minneapolis

State

MN

Zip Code

55408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Tech

Occupation  
VP Finance

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 8

Transaction ID: C3665777

Amount of Each Receipt this Period

250.00

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

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

750.00

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

148510.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

3M COMPANY

Mailing Address 3M Pac Ctr  
Bldg 224-6S-03

City	State	Zip Code
Saint Paul	MN	55144-0001

FEC ID number of contributing  
federal political committee. **C** C00084475

Name of Employer Occupation

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

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	2 8	/	2 0 0 8

Transaction ID: C3715344

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLA

Mailing Address 1932 WYNNTON ROAD

City	State	Zip Code
COLUMBUS	GA	31999

FEC ID number of contributing  
federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	1 4	/	2 0 0 8

Transaction ID: C3680528

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City	State	Zip Code
Washington	DC	20007

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

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	1 4	/	2 0 0 8

Transaction ID: C3680526

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00004275

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: C3680530

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE., NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C70002472

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 8

Transaction ID: C3699584

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

American Postal Workers Union, APWU

Mailing Address 1300 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00010322

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3718053

Amount of Each Receipt this Period

2500.00

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

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

5500.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.** Full Name (Last, First, Middle Initial) CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS

Mailing Address 101 Constitution Ave NW  
Tenth Floor West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2008

Transaction ID: C3699583

Amount of Each Receipt this Period

2500.00

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

**B.** Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL

Mailing Address P.O. Box 101124

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C** C00368829

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2008

Transaction ID: C3681186

Amount of Each Receipt this Period

2000.00

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

**C.** Full Name (Last, First, Middle Initial) HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2008

Transaction ID: C3680525

Amount of Each Receipt this Period

1000.00

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

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

5500.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTEREST

Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: C3680533

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL COUNCIL OF SHOPPING CENTERS

Mailing Address 665 FIFTH AVENUE 11TH FL

City State Zip Code  
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** C70001813

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 8

Transaction ID: C3715346

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MARIJUANA POLICY PROJECT MEDICAL MARIJUANA PAC OR

Mailing Address PO Box 77492

City State Zip Code  
Washington DC 20013-8492

FEC ID number of contributing federal political committee. **C** C00389882

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681187

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36th Way  
Box 97017

City State Zip Code  
Redmond WA 98073

FEC ID number of contributing  
federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3716152

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 Fort Myer Dr  
Ste 850

City State Zip Code  
Arlington VA 22209-3199

FEC ID number of contributing  
federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: C3680523

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 8

Transaction ID: C3699585

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE

Mailing Address 1301 K Street NW  
Suite 800W

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3716150

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
RANGEL FOR CONGRESS

Mailing Address PO Box 5577  
MANHATTANVILLE STA

City State Zip Code  
New York NY 10027

FEC ID number of contributing  
federal political committee. **C** C00302422

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C3717154

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ROBINS KAPLAN PAC

Mailing Address 800 LaSalle Ave.  
Suite 2800

City State Zip Code  
Minneapolis MN 55116

FEC ID number of contributing  
federal political committee. **C** C00275909

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: C3681185

Amount of Each Receipt this Period

2500.00

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

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

4500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON

Mailing Address 1800 Massachusetts Ave NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.**C** C00004036

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

Transaction ID: C3716234

Amount of Each Receipt this Period

3000.00

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

Full Name (Last, First, Middle Initial)

TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS CO

Mailing Address 1700 Broadway, 2nd Floor

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.**C** C00008268

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

Transaction ID: C3716840

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City

DETROIT

State

MI

Zip Code

48214

FEC ID number of contributing  
federal political committee.**C** C00002840

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: C3680531

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City

DETROIT

State

MI

Zip Code

48214

FEC ID number of contributing  
federal political committee.**C** C00002840

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

Transaction ID: C3714643

Amount of Each Receipt this Period

3000.00

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

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

3000.00

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

34000.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City

Eagan

State

MN

Zip Code

55121-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	8

Transaction ID: C3720241

Amount of Each Receipt this Period

390.00

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

Refund

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

390.00

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

390.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress**A.**Full Name (Last, First, Middle Initial)  
2700 E Lake Street LLC

Mailing Address PO Box 6260

City State Zip Code  
Minneapolis MN 55406Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150895

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

Amount of Each Disbursement this Period

34000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
2700 E Lake Street LLC

Mailing Address PO Box 6260

City State Zip Code  
Minneapolis MN 55406Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

Amount of Each Disbursement this Period

3500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Acorn Mini Storage

Mailing Address 4652 Lyndale Ave N

City State Zip Code  
Minneapolis MN 55412-1441Purpose of Disbursement  
Storage Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	8

Amount of Each Disbursement this Period

183.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

37683.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

Acorn Mini Storage

Mailing Address 4652 Lyndale Ave N

City Minneapolis State MN Zip Code 55412-1441

Purpose of Disbursement  
Storage Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150835

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Amount of Each Disbursement this Period

173.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Acorn Mini Storage

Mailing Address 4652 Lyndale Ave N

City Minneapolis State MN Zip Code 55412-1441

Purpose of Disbursement  
Storage Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150836

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

173.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Authorize.net

Mailing Address 915 S 500 E  
Ste 200

City American Fork State UT Zip Code 84003-3373

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	8

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

366.00

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150820  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>23.30</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150821  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>323.90</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150822  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>22.50</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**369.70**

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



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Authorize.net

Mailing Address 915 S 500 E  
 Ste 200

City American Fork State UT Zip Code 84003-3373

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150823

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Authorize.net

Mailing Address 915 S 500 E  
 Ste 200

City American Fork State UT Zip Code 84003-3373

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150824

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.99

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Authorize.net

Mailing Address 915 S 500 E  
 Ste 200

City American Fork State UT Zip Code 84003-3373

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150825

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.40

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

123.39

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Fawn Bernhardt

Mailing Address 4809 Columbus Ave

City State Zip Code  
 Minneapolis MN 55417-1014

Purpose of Disbursement  
 Consulting - Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150855

Date of Disbursement

/   /

Amount of Each Disbursement this Period

360.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Fawn Bernhardt

Mailing Address 4809 Columbus Ave

City State Zip Code  
 Minneapolis MN 55417-1014

Purpose of Disbursement  
 Consulting - Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150856

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Fawn Bernhardt

Mailing Address 4809 Columbus Ave

City State Zip Code  
 Minneapolis MN 55417-1014

Purpose of Disbursement  
 Consulting - Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150857

Date of Disbursement

/   /

Amount of Each Disbursement this Period

230.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

790.00

**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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) BK Transport Mailing Address 320 Front Ave	<b>Transaction ID:</b> D150900 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55117 Purpose of Disbursement Equipment/Furniture Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>452.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Burt Mailing Address 2816 Stevens ave. City Minneapolis State MN Zip Code 55408 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150885 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>142.84</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Campaign Services Corp. Mailing Address 111 Kellogg Square Ste 300 City Saint Paul State MN Zip Code 55101 Purpose of Disbursement Consulting - Office Space Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150901 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>1700.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**2294.84**

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

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

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

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Carla Kjellberg Attorney at Law	<b>Transaction ID:</b> D150902 <b>Date of Disbursement</b>
Mailing Address 333 West Parkdale Plaza 1660 S Hwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 1 / 2 0 0 8</div> </div>
City St Louis Pk State MN Zip Code 55416-9444	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Legal Fees	<div> <div></div> <div>274.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Deluxe Business Checks	<b>Transaction ID:</b> D150905 <b>Date of Disbursement</b>
Mailing Address PO Box 742572	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 8</div> </div>
City Cincinnati State OH Zip Code 45274-2572	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div></div> <div>224.33</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Digital Coordination	<b>Transaction ID:</b> D150828 <b>Date of Disbursement</b>
Mailing Address 2929 University Ave SE Ste 110	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55414-3687	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Computer Equipment	<div> <div></div> <div>3550.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**4048.83**

**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

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(check only one)

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Digital Coordination

Mailing Address 2929 University Ave SE  
 Ste 110

City Minneapolis State MN Zip Code 55414-3687

Purpose of Disbursement  
 Computer Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150829

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Digital Coordination

Mailing Address 2929 University Ave SE  
 Ste 110

City Minneapolis State MN Zip Code 55414-3687

Purpose of Disbursement  
 Computer Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Digital Coordination

Mailing Address 2929 University Ave SE  
 Ste 110

City Minneapolis State MN Zip Code 55414-3687

Purpose of Disbursement  
 Computer Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

**5020.78**

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Expedia	<b>Transaction ID:</b> D150906 <b>Date of Disbursement</b>
Mailing Address 3150 139th Ave SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 4 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div></div> <div>5.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Expedia	<b>Transaction ID:</b> D150907 <b>Date of Disbursement</b>
Mailing Address 3150 139th Ave SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div></div> <div>15.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Expedia	<b>Transaction ID:</b> D150908 <b>Date of Disbursement</b>
Mailing Address 3150 139th Ave SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div></div> <div>5.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**25.00**

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

<b>A.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE	<b>Transaction ID:</b> D150909 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE	<b>Transaction ID:</b> D150910 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE	<b>Transaction ID:</b> D150911 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

15.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE	<b>Transaction ID:</b> D150912 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE	<b>Transaction ID:</b> D150913 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE	<b>Transaction ID:</b> D150914 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

15.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D150915 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D150916 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>60.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Expedia Mailing Address 3150 139th Ave SE City Bellevue State WA Zip Code 98005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D150917 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>722.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**787.00**

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

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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Expedia	<b>Transaction ID:</b> D150918 <b>Date of Disbursement</b>
Mailing Address 3150 139th Ave SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 8</div> </div>
City Bellevue State WA Zip Code 98005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div>1034.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Holiday Inn Express	<b>Transaction ID:</b> D150922 <b>Date of Disbursement</b>
Mailing Address 11250 Santa Monica Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 8</div> </div>
City Los Angeles State CA Zip Code 90025	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div>164.16</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Holiday Inn Express	<b>Transaction ID:</b> D150923 <b>Date of Disbursement</b>
Mailing Address 11250 Santa Monica Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 8</div> </div>
City Los Angeles State CA Zip Code 90025	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div>164.16</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**1362.32**

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

**A.**

Full Name (Last, First, Middle Initial)  
 Honsa-Binder Printing, Inc.

Mailing Address 320 Spruce St

City State Zip Code  
 Saint Paul MN 55101-2445

Purpose of Disbursement  
 Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150924

Date of Disbursement

/   /

Amount of Each Disbursement this Period

454.76

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Impact Printing

Mailing Address 1067 Rice St

City State Zip Code  
 Saint Paul MN 55117-4920

Purpose of Disbursement  
 Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150804

Date of Disbursement

/   /

Amount of Each Disbursement this Period

427.73

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Impact Printing

Mailing Address 1067 Rice St

City State Zip Code  
 Saint Paul MN 55117-4920

Purpose of Disbursement  
 Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

245.03

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

1127.52

**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  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

J D Hoyt's

Mailing Address 301 Washington Ave N

City State Zip Code  
 Minneapolis MN 55401

Purpose of Disbursement

Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150925

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1088.95

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

John W Ivance Co Inc

Mailing Address 55 5th St E Ste 1050

City State Zip Code  
 Saint Paul MN 55101

Purpose of Disbursement

Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150926

Date of Disbursement

/   /

Amount of Each Disbursement this Period

922.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Kaspari

Mailing Address 5556 Washburn Ave S

City State Zip Code  
 Minneapolis MN 55410

Purpose of Disbursement

Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.73

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

2058.18

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

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

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Kaspari

Mailing Address 5556 Washburn Ave S

City State Zip Code  
 Minneapolis MN 55410

Purpose of Disbursement

Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150929

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.44

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Kaspari

Mailing Address 5556 Washburn Ave S

City State Zip Code  
 Minneapolis MN 55410

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150930

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.20

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Kaspari

Mailing Address 5556 Washburn Ave S

City State Zip Code  
 Minneapolis MN 55410

Purpose of Disbursement

Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

108.64

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kingsmill Resort	<b>Transaction ID:</b> D150932 <b>Date of Disbursement</b>
Mailing Address 1010 Kingsmill Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Williamsburg State VA Zip Code 23185	<b>Amount of Each Disbursement this Period</b> <div>1450.00</div>
Purpose of Disbursement Conference, Convention, Meeting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kingsmill Resort	<b>Transaction ID:</b> D150933 <b>Date of Disbursement</b>
Mailing Address 1010 Kingsmill Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 0 8</div> </div>
City Williamsburg State VA Zip Code 23185	<b>Amount of Each Disbursement this Period</b> <div>262.00</div>
Purpose of Disbursement Conference, Convention, Meeting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) L.A. Miller Design	<b>Transaction ID:</b> D150934 <b>Date of Disbursement</b>
Mailing Address 3018 Alabama Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div>
City St Louis Park State MN Zip Code 55416	<b>Amount of Each Disbursement this Period</b> <div>3029.69</div>
Purpose of Disbursement Mailing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**4741.69**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) L.A. Miller Design	<b>Transaction ID:</b> D150935 <b>Date of Disbursement</b>
Mailing Address 3018 Alabama Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City State Zip Code St Louis Park MN 55416	<b>Amount of Each Disbursement this Period</b> <div>12500.00</div>
Purpose of Disbursement Mailing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) L.A. Miller Design	<b>Transaction ID:</b> D150936 <b>Date of Disbursement</b>
Mailing Address 3018 Alabama Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City State Zip Code St Louis Park MN 55416	<b>Amount of Each Disbursement this Period</b> <div>3127.81</div>
Purpose of Disbursement Mailing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) L.A. Miller Design	<b>Transaction ID:</b> D150937 <b>Date of Disbursement</b>
Mailing Address 3018 Alabama Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 8</div> </div>
City State Zip Code St Louis Park MN 55416	<b>Amount of Each Disbursement this Period</b> <div>400.00</div>
Purpose of Disbursement Website	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**16027.81**

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

L.A. Miller Design

Mailing Address 3018 Alabama Ave S

City State Zip Code  
St Louis Park MN 55416Purpose of Disbursement  
Photographer

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150938

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

Amount of Each Disbursement this Period

1350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

L.A. Miller Design

Mailing Address 3018 Alabama Ave S

City State Zip Code  
St Louis Park MN 55416Purpose of Disbursement  
Mailing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150939

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

Amount of Each Disbursement this Period

2530.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Mal Warwick Associates

Mailing Address 2550 9th St Ste 103

City State Zip Code  
Berkeley CA 94710Purpose of Disbursement  
Mail House

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150948

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

Amount of Each Disbursement this Period

8250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

12130.50

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



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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Marriott Redmond Mailing Address 7401 164th Ave NE	<b>Transaction ID:</b> D150950 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City Redmond State WA Zip Code 98052 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>144.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Marriott Redmond Mailing Address 7401 164th Ave NE City Redmond State WA Zip Code 98052 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150951 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>144.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Mazedar Caterers Inc Mailing Address 1442 Queen Anne Rd City Teaneck State NJ Zip Code 07666 Purpose of Disbursement Event Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150952 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>870.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1159.98**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Minneapolis Labor Review</p> <p>Mailing Address 312 Central Ave SE            Ste 542</p> <p>City Minneapolis State MN Zip Code 55414-1097</p> <p>Purpose of Disbursement            Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150816  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 1 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period            543.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Minnesota Democratic Farmer Labor Party</p> <p>Mailing Address 255 E Plato Blvd</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement            Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150960  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 1 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period            25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Minnesota Democratic Farmer Labor Party</p> <p>Mailing Address 255 E Plato Blvd</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement            Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150958  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 1 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period            282.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>

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

851.28

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
 Minnesota Women's Press

Mailing Address 771 Raymond Ave

City State Zip Code  
 Saint Paul MN 55114-1522

Purpose of Disbursement  
 Advertisement  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D150876  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

188.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
 Minnesota Women's Press

Mailing Address 771 Raymond Ave

City State Zip Code  
 Saint Paul MN 55114-1522

Purpose of Disbursement  
 Advertisement  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D150877  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

410.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
 MSP Airport Parking

Mailing Address 6040 28th Avenue South

City State Zip Code  
 Minneapolis MN 55450

Purpose of Disbursement  
 Parking  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D150968  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

630.00

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

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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 National Democratic Club

Mailing Address 30 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
 Membership Dues

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150851

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 National Democratic Club

Mailing Address 30 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
 Membership Dues

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 National Democratic Club

Mailing Address 30 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
 Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D150853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

584.33

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

634.33

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

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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) National Democratic Club	<b>Transaction ID:</b> D150854
Mailing Address 30 Ivy St SE	Date of Disbursement
City Washington State DC Zip Code 20003-4006	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>3</div> </div> <div> <div>0</div> <div>5</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
Purpose of Disbursement Membership Dues Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>25.00</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Northwest Airlines	<b>Transaction ID:</b> D150807
Mailing Address 2700 Lone Oak Pkwy	Date of Disbursement
City Eagan State MN Zip Code 55121-1546	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>0</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>390.00</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Northwest Airlines	<b>Transaction ID:</b> D150808
Mailing Address 2700 Lone Oak Pkwy	Date of Disbursement
City Eagan State MN Zip Code 55121-1546	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>0</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>390.00</div> </div>

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

**805.00**

**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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

447.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150810

Date of Disbursement

/   /

Amount of Each Disbursement this Period

447.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150811

Date of Disbursement

/   /

Amount of Each Disbursement this Period

501.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

1395.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150812

Date of Disbursement

/   /

Amount of Each Disbursement this Period

501.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150813

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150814

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

811.00

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

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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Office Max

Mailing Address 1490 University Ave W

City Saint Paul State MN Zip Code 55104-3901

Purpose of Disbursement  
 Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.22

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Office Max

Mailing Address 1490 University Ave W

City Saint Paul State MN Zip Code 55104-3901

Purpose of Disbursement  
 Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.89

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Orbitz

Mailing Address 500 W Madison St Ste 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.99

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

57.10

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Orbitz

Mailing Address 500 W Madison St Ste 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150973

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Orbitz

Mailing Address 500 W Madison St Ste 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150974

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Orbitz

Mailing Address 500 W Madison St Ste 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

**20.97**

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

<b>A.</b> Full Name (Last, First, Middle Initial) Orbitz Mailing Address 500 W Madison St Ste 1000	<b>Transaction ID:</b> D150976 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60661 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>152.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Orbitz Mailing Address 500 W Madison St Ste 1000 City Chicago State IL Zip Code 60661 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150977 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>152.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150838 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>82.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>386.56</div>
<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  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150839 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>41.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150840 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>82.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150841 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>82.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**205.00**

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

<b>A.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150843 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150844 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 2 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>46.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150847 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>5.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

53.85

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150848 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150849 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>205.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 2306 Lowry Ave N	<b>Transaction ID:</b> D150850 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55411-1008 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>82.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**537.88**

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Powerpay</p> <p>Mailing Address 280 Fore St</p> <p>City Portland State ME Zip Code 04101</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150978</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>361.36</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Qwest Communications</p> <p>Mailing Address PO Box 17360</p> <p>City Denver State CO Zip Code 80217</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150979</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>46.64</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Qwest Communications</p> <p>Mailing Address PO Box 17360</p> <p>City Denver State CO Zip Code 80217</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150980</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>51.59</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**459.59**

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

A.

Full Name (Last, First, Middle Initial)  
 Qwest Communications

Mailing Address PO Box 17360

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement  
 Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150981

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.59

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
 Qwest Communications

Mailing Address PO Box 17360

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement  
 Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150982

Date of Disbursement

/   /

Amount of Each Disbursement this Period

311.12

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
 Rix Bar and Grill

Mailing Address 2203 44th Ave N

City State Zip Code  
 Minneapolis MN 55412

Purpose of Disbursement  
 Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150984

Date of Disbursement

/   /

Amount of Each Disbursement this Period

214.29

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

577.00

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

**A.**

Full Name (Last, First, Middle Initial)  
 SEIU State Council

Mailing Address 2233 University Ave W Ste 422

City State Zip Code  
 Saint Paul MN 55114

Purpose of Disbursement  
 Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150991

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1016.25

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Selloxx Inc

Mailing Address 7701 France Ave S Ste 200

City State Zip Code  
 Edina MN 55435

Purpose of Disbursement  
 Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150992

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1050.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Shady Canyon Golf Club

Mailing Address 100 Shady Canyon Dr

City State Zip Code  
 Irvine CA 92603

Purpose of Disbursement  
 Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150993

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14719.59

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

16785.84

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Sun Country Airlines</p> <p>Mailing Address 1300 Mendota Heights Rd</p> <p>City Mendota Heights State MN Zip Code 55120-1128</p> <p>Purpose of Disbursement            Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150868  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>92.50</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Sutter's Mill Fundraising</p> <p>Mailing Address 499 S Capitol St SW #404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement            Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D151028  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>3500.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Sutter's Mill Fundraising</p> <p>Mailing Address 499 S Capitol St SW #404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement            Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D151029  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>519.38</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>

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

**4111.88**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Sutter's Mill Fundraising Mailing Address 499 S Capitol St SW #404	<b>Transaction ID:</b> D151030 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003 Purpose of Disbursement Consulting - Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>3500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Sutter's Mill Fundraising Mailing Address 499 S Capitol St SW #404 City Washington State DC Zip Code 20003 Purpose of Disbursement Consulting - Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D151031 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>51.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Sutter's Mill Fundraising Mailing Address 499 S Capitol St SW #404 City Washington State DC Zip Code 20003 Purpose of Disbursement Consulting - Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D151032 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**7051.94**

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

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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Sutter's Mill Fundraising	<b>Transaction ID:</b> D151033 <b>Date of Disbursement</b>
Mailing Address 499 S Capitol St SW #404	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Consulting - Fundraising	<div> <div>74.11</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Teaneck Marriott at Glenpointe	<b>Transaction ID:</b> D150996 <b>Date of Disbursement</b>
Mailing Address 100 Frank W Burr Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 8</div> </div>
City Teaneck State NJ Zip Code 07666	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div>593.40</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) The Brothers Deli	<b>Transaction ID:</b> D150997 <b>Date of Disbursement</b>
Mailing Address 50 S 6th St Skyway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 1 / 2 0 0 8</div> </div>
City Minneapolis State MN Zip Code 55402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Event Expense	<div> <div>563.91</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**1231.42**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Databank</p> <p>Mailing Address 800 Washington Ave N Ste 303</p> <p>City Minneapolis State MN Zip Code 55401</p> <p>Purpose of Disbursement Database Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150998</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 1 / 1 1 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period  <div>602.44</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Databank</p> <p>Mailing Address 800 Washington Ave N Ste 303</p> <p>City Minneapolis State MN Zip Code 55401</p> <p>Purpose of Disbursement Database Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150999</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 1 3 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period  <div>602.44</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Union House Inc</p> <p>Mailing Address 26796 Felton Ave</p> <p>City Wyoming State MN Zip Code 55092</p> <p>Purpose of Disbursement T shirts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D151000</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 1 4 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period  <div>2371.25</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**3576.13**

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ellison for Congress**A.**Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 77 W Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	8

Amount of Each Disbursement this Period

461.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 77 W Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	8

Amount of Each Disbursement this Period

278.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 77 W Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Amount of Each Disbursement this Period

1575.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

2314.00

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  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 77 W Wacker Dr	<b>Transaction ID:</b> D151004 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60601 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>359.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 77 W Wacker Dr City Chicago State IL Zip Code 60601 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D151005 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>396.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) University of Minnesota Mailing Address ReUse Program Warehouse 883 29th A City Minneapolis State MN Zip Code 55414 Purpose of Disbursement Equipment/Furniture Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D151006 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>583.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1338.72**

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

<b>A.</b> Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E Sky Harbor Blvd	<b>Transaction ID:</b> D150869 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>347.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505	<b>Transaction ID:</b> D151008 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City Lehigh Valley State PA Zip Code 18002-5505 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>719.49</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505	<b>Transaction ID:</b> D151009 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div>
City Lehigh Valley State PA Zip Code 18002-5505 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>400.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1466.49**

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

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505	<b>Transaction ID:</b> D151010 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Lehigh Valley PA 18002-5505 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>416.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Vincent Dionne Sr. Mailing Address 2495 18th Ave S	<b>Transaction ID:</b> D151011 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Minneapolis MN 55404 Purpose of Disbursement Event Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Vonage Mailing Address 23 Main Street	<b>Transaction ID:</b> D151013 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div>
City State Zip Code Holmdel NJ 07733 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>683.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1349.52**

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement            Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D151014  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>8.68</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            David Wakely</p> <p>Mailing Address 1151 Hamline Ave N</p> <p>City Saint Paul State MN Zip Code 55108-2613</p> <p>Purpose of Disbursement            Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150858  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>67.68</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            David Wakely</p> <p>Mailing Address 1151 Hamline Ave N</p> <p>City Saint Paul State MN Zip Code 55108-2613</p> <p>Purpose of Disbursement            Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D150859  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>42.26</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**118.62**

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

**A.**

Full Name (Last, First, Middle Initial)  
 David Wakely

Mailing Address 1151 Hamline Ave N

City Saint Paul State MN Zip Code 55108-2613

Purpose of Disbursement  
 Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150860

Date of Disbursement

/   /

Amount of Each Disbursement this Period

174.04

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 David Wakely

Mailing Address 1151 Hamline Ave N

City Saint Paul State MN Zip Code 55108-2613

Purpose of Disbursement  
 Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.51

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 David Wakely

Mailing Address 1151 Hamline Ave N

City Saint Paul State MN Zip Code 55108-2613

Purpose of Disbursement  
 Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150865

Date of Disbursement

/   /

Amount of Each Disbursement this Period

69.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

318.05

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

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

Full Name (Last, First, Middle Initial)

David Wakely

Mailing Address 1151 Hamline Ave N

City State Zip Code  
Saint Paul MN 55108-2613Purpose of Disbursement  
Mileage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Amount of Each Disbursement this Period

45.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322City State Zip Code  
Saint Paul MN 55102Purpose of Disbursement  
Mileage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

183.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322City State Zip Code  
Saint Paul MN 55102Purpose of Disbursement  
Mileage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

199.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

427.85

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
 #322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
 Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150797

Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.20

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
 #322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
 See Memo Entry

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150798

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.60

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement  
 Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186854

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.60

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

163.80

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

Brett Buckner

Mailing Address 2112 Russell Ave N

City State Zip Code  
Minneapolis MN 55411-2440Purpose of Disbursement  
See Memo Entry

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150799

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

139.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

The Bean Scene

Mailing Address 2220 West Broadway

City State Zip Code  
Minneapolis MN 55411Purpose of Disbursement  
Food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D187257

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

139.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Carla Kjellberg

Mailing Address 5001 3rd Ave S

City State Zip Code  
Minneapolis MN 55419-1413Purpose of Disbursement  
See Memo Entry

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	8

Amount of Each Disbursement this Period

731.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

870.79

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ellison for Congress**A.**Full Name (Last, First, Middle Initial)  
Costco

Mailing Address 5801 W. 16th St.

City State Zip Code  
Minneapolis MN 55416Purpose of Disbursement  
Event Expense  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D186858

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	8

Amount of Each Disbursement this Period

701.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
Minneapolis MN 55408Purpose of Disbursement  
See Memo Entries  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D150878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Amount of Each Disbursement this Period

105.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Kinko's

Mailing Address 1430 W Lake St.

City State Zip Code  
Minneapolis MN 55408Purpose of Disbursement  
Printing  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D186840

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Amount of Each Disbursement this Period

97.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

105.56

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress**A.**Full Name (Last, First, Middle Initial)  
Target

Mailing Address 2500 E Lake St

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186842

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Amount of Each Disbursement this Period

8.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Sarah Burt

Mailing Address 2816 Stevens ave.

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement  
Mileage/See Memo Entry

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150893

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

Amount of Each Disbursement this Period

40.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 1490 University Ave W

City Saint Paul State MN Zip Code 55104-3901

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

Amount of Each Disbursement this Period

16.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

40.44

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress**A.**Full Name (Last, First, Middle Initial)  
Lawrence Weiss

Mailing Address 3952 12th Ave S

City State Zip Code  
Minneapolis MN 55407Purpose of Disbursement  
Payroll/See Memo Entry

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Amount of Each Disbursement this Period

767.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
T-Mobile

Mailing Address PO Box 790047

City State Zip Code  
St Louis MO 63179-0047Purpose of Disbursement  
Telephone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151034

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	8

Amount of Each Disbursement this Period

79.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City State Zip Code  
Saint Paul MN 55102Purpose of Disbursement  
See Memo Entries

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150956

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	8

Amount of Each Disbursement this Period

3918.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

4686.19

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  
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(check only one)

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

460.51

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186787

Date of Disbursement

/   /

Amount of Each Disbursement this Period

945.22

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MN Department of Economic Security

Mailing Address PO Box 1705

City State Zip Code  
 Saint Paul MN 55101

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

191.21

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) MN Department of Revenue Mailing Address Mail Station 1173	<b>Transaction ID:</b> D186785 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55146 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>175.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) David Wakely Mailing Address 1151 Hamline Ave N	<b>Transaction ID:</b> D186783 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55108-2613 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1154.81</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz Mailing Address 400 Selby Ave #322	<b>Transaction ID:</b> D186784 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>991.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**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  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
 Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City State Zip Code  
 Saint Paul MN 55102

Purpose of Disbursement  
 See Memo Entry

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150957

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186789

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
 Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City State Zip Code  
 Saint Paul MN 55102

Purpose of Disbursement  
 See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4220.04

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

6720.04

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

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Brett Buckner

Mailing Address 2112 Russell Ave N

City State Zip Code  
 Minneapolis MN 55411-2440

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186790

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1025.17

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186791

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1051.69

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement  
 Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186793

Date of Disbursement

/   /

Amount of Each Disbursement this Period

988.39

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00

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

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

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) David Wakely Mailing Address 1151 Hamline Ave N	<b>Transaction ID:</b> D186792 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55108-2613 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1154.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party Mailing Address 255 E Plato Blvd City Saint Paul State MN Zip Code 55102 Purpose of Disbursement See Memo Entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150961 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10185.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) BCBS of Minnesota Mailing Address PO Box 646767 City Saint Paul State MN Zip Code 55164 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D186801 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>344.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

10185.58

**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  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
 Brett Buckner

Mailing Address 2112 Russell Ave N

City State Zip Code  
 Minneapolis MN 55411-2440

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1111.69

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
 Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186795

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1051.70

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
 EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement  
 Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2551.04

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
 MN Department of Economic Security

Mailing Address PO Box 1705

City State Zip Code  
 Saint Paul MN 55101

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

678.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code  
 Saint Paul MN 55146

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

620.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
 David Wakely

Mailing Address 1151 Hamline Ave N

City State Zip Code  
 Saint Paul MN 55108-2613

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186796

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1154.81

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
 #322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186797

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
 #322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186798

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
 See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

**7159.85**

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



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

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brett Buckner</p> <p>Mailing Address 2112 Russell Ave N</p> <p>City Minneapolis State MN Zip Code 55411-2440</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186803</p> <p>Date of Disbursement  <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period  <div>1111.70</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah Burt</p> <p>Mailing Address 2816 Stevens ave.</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186804</p> <p>Date of Disbursement  <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period  <div>1051.70</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) EFTPS - US Treasury</p> <p>Mailing Address PO Box 173788</p> <p>City Denver State CO Zip Code 80217</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D186809</p> <p>Date of Disbursement  <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period  <div>1848.15</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>0.00</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.** Full Name (Last, First, Middle Initial)  
MN Department of Economic Security

Mailing Address PO Box 1705

City Saint Paul State MN Zip Code 55101

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186808

Date of Disbursement

/   /

Amount of Each Disbursement this Period

342.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
MN Department of Revenue

Mailing Address Mail Station 1173

City Saint Paul State MN Zip Code 55146

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

314.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
David Wakely

Mailing Address 1151 Hamline Ave N

City Saint Paul State MN Zip Code 55108-2613

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1154.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement

Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

Amount of Each Disbursement this Period

1336.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement

See Memo Entries

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150964

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Amount of Each Disbursement this Period

9733.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Sarah Burt

Mailing Address 2816 Stevens ave.

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement

Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186811

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Amount of Each Disbursement this Period

1051.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

9733.68

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

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) EFTPS - US Treasury	<b>Transaction ID:</b> D186817 <b>Date of Disbursement</b>
Mailing Address PO Box 173788	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City State Zip Code Denver CO 80217 Purpose of Disbursement Payroll Taxes Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2573.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Kaspari	<b>Transaction ID:</b> D187261 <b>Date of Disbursement</b>
Mailing Address 5556 Washburn Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City State Zip Code Minneapolis MN 55410 Purpose of Disbursement Payroll Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>900.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) MN Department of Economic Security	<b>Transaction ID:</b> D186816 <b>Date of Disbursement</b>
Mailing Address PO Box 1705	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Saint Paul MN 55101 Purpose of Disbursement Payroll Taxes Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>482.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code  
 Saint Paul MN 55146

Purpose of Disbursement  
 Payroll Taxes  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D186815  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

475.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 David Wakely

Mailing Address 1151 Hamline Ave N

City State Zip Code  
 Saint Paul MN 55108-2613

Purpose of Disbursement  
 Payroll  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D186812  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1154.79

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 Lawrence Weiss

Mailing Address 3952 12th Ave S

City State Zip Code  
 Minneapolis MN 55407

Purpose of Disbursement  
 Payroll  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D186813  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1758.58

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
#322

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement

Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Amount of Each Disbursement this Period

1336.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement

See Memo Entries

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150965

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

1577.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

BCBS of Minnesota

Mailing Address PO Box 646767

City Saint Paul State MN Zip Code 55164

Purpose of Disbursement

Health Insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D186819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

358.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

1577.08

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1219.08

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City State Zip Code  
 Saint Paul MN 55102

Purpose of Disbursement

See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D150966

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12993.80

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 BCBS of Minnesota

Mailing Address PO Box 646767

City State Zip Code  
 Saint Paul MN 55164

Purpose of Disbursement

Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186828

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1701.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

12993.80

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Brett Buckner

Mailing Address 2112 Russell Ave N

City State Zip Code  
 Minneapolis MN 55411-2440

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186820

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1111.69

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1051.70

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 EFTPS - US Treasury

Mailing Address PO Box 173788

City State Zip Code  
 Denver CO 80217

Purpose of Disbursement  
 Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3021.31

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Kaspari

Mailing Address 5556 Washburn Ave S

City State Zip Code  
 Minneapolis MN 55410

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D187259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

900.58

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MN Department of Economic Security

Mailing Address PO Box 1705

City State Zip Code  
 Saint Paul MN 55101

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186826

Date of Disbursement

/   /

Amount of Each Disbursement this Period

482.19

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code  
 Saint Paul MN 55146

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186825

Date of Disbursement

/   /

Amount of Each Disbursement this Period

475.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) David Wakely Mailing Address 1151 Hamline Ave N	<b>Transaction ID:</b> D186822 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Saint Paul MN 55108-2613 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1154.81</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Lawrence Weiss Mailing Address 3952 12th Ave S City State Zip Code Minneapolis MN 55407 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D186823 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1758.59</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Anna G. Wojtanowicz Mailing Address 400 Selby Ave #322 City State Zip Code Saint Paul MN 55102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D186824 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1336.93</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party <hr/> Mailing Address    255 E Plato Blvd <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Saint Paul</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 55102</td> </tr> <tr> <td colspan="2">Purpose of Disbursement See Memo Entries</td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td colspan="2"></td> </tr> </table>	City Saint Paul	State MN	Zip Code 55102	Purpose of Disbursement See Memo Entries		Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State:                  District:			<b>Transaction ID:</b> D150967 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>2 8</span> <span>2 0 0 8</span> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">12129.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul	State MN	Zip Code 55102													
Purpose of Disbursement See Memo Entries		Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State:                  District:															
<b>B.</b> Full Name (Last, First, Middle Initial) Brett Buckner <hr/> Mailing Address    2112 Russell Ave N <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Minneapolis</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 55411-2440</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll</td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td colspan="2"></td> </tr> </table>	City Minneapolis	State MN	Zip Code 55411-2440	Purpose of Disbursement Payroll		Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State:                  District:			<b>Transaction ID:</b> D186829 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>2 8</span> <span>2 0 0 8</span> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">1111.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Minneapolis	State MN	Zip Code 55411-2440													
Purpose of Disbursement Payroll		Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State:                  District:															
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Burt <hr/> Mailing Address    2816 Stevens ave. <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Minneapolis</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 55408</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll</td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td colspan="2"></td> </tr> </table>	City Minneapolis	State MN	Zip Code 55408	Purpose of Disbursement Payroll		Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State:                  District:			<b>Transaction ID:</b> D186830 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>2 8</span> <span>2 0 0 8</span> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">1051.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Minneapolis	State MN	Zip Code 55408													
Purpose of Disbursement Payroll		Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State:                  District:															

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

12129.16

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) EFTPS - US Treasury Mailing Address PO Box 173788	<b>Transaction ID:</b> D186837 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code Denver CO 80217 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2945.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Kaspari Mailing Address 5556 Washburn Ave S City State Zip Code Minneapolis MN 55410 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D187260 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>900.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) MN Department of Economic Security Mailing Address PO Box 1705 City State Zip Code Saint Paul MN 55101 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D186836 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>522.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**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)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) MN Department of Revenue Mailing Address Mail Station 1173	<b>Transaction ID:</b> D186835 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55146 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>511.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Nasimiyu Murumba Mailing Address 278 E Morton St.	<b>Transaction ID:</b> D186831 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55107 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>612.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) David Wakely Mailing Address 1151 Hamline Ave N	<b>Transaction ID:</b> D186832 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55108-2613 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1154.81</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Lawrence Weiss

Mailing Address 3952 12th Ave S

City State Zip Code  
 Minneapolis MN 55407

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186833

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1758.57

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 Anna G. Wojtanowicz

Mailing Address 400 Selby Ave  
 #322

City State Zip Code  
 Saint Paul MN 55102

Purpose of Disbursement  
 Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186834

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1336.92

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement  
 See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

222.98

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

222.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kinko's Mailing Address 1430 W Lake St.	<b>Transaction ID:</b> D186845 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Minneapolis MN 55408 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>63.14</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kmart Mailing Address 10 W. Lake St. City State Zip Code Minneapolis MN 55408 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D186847 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>49.14</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Office Max Mailing Address 1490 University Ave W City State Zip Code Saint Paul MN 55104-3901 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D186846 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>90.92</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div> <div></div> <div>0.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div> <div></div> </div>

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
 Brett Buckner

Mailing Address 2112 Russell Ave N

City State Zip Code  
 Minneapolis MN 55411-2440

Purpose of Disbursement  
 See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186850

Date of Disbursement

/   /

Amount of Each Disbursement this Period

135.42

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Target

Mailing Address 2500 E Lake St

City State Zip Code  
 Minneapolis MN 55406

Purpose of Disbursement  
 Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186851

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.65

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 Sarah Burt

Mailing Address 2816 Stevens ave.

City State Zip Code  
 Minneapolis MN 55408

Purpose of Disbursement  
 See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186856

Date of Disbursement

/   /

Amount of Each Disbursement this Period

217.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

352.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Max Mailing Address 1490 University Ave W	<b>Transaction ID:</b> D150874 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 8</div> </div>
City Saint Paul State MN Zip Code 55104-3901 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>20.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Burt Mailing Address 2816 Stevens ave. City Minneapolis State MN Zip Code 55408 Purpose of Disbursement See Memo Entry Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D186860 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>26.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster Mailing Address 100 S 1st St City Minneapolis State MN Zip Code 55401-2002 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D186862 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

26.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Ellison for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Lawrence Weiss

Mailing Address 3952 12th Ave S

City State Zip Code  
Minneapolis MN 55407

Purpose of Disbursement  
See Memo Items

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186864

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.07

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 1490 University Ave W

City State Zip Code  
Saint Paul MN 55104-3901

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186865

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address 100 S 1st St

City State Zip Code  
Minneapolis MN 55401-2002

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D186866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

84.07

**TOTAL** This Period (last page this line number only) .....

204822.33

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Ellison for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ANDRE CARSON FOR CONGRESS</b>  Mailing Address One North Capitol Street #211	<b>Transaction ID:</b> D150898 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 8</div> </div>
City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Contribution Candidate Name Andre Carson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 07	Amount of Each Disbursement this Period <div>1500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>  Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150904 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Minneapolis Urban League</b>  Mailing Address 2100 Plymouth Ave N City Minneapolis State MN Zip Code 55411-3675 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D150806 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**8000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ellison for Congress**A.**Full Name (Last, First, Middle Initial)  
Minnesota ACORNMailing Address 757 Raymond Ave  
# 200

City Saint Paul State MN Zip Code 55114-1723

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150832

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Minnesota Choice Coalition

Mailing Address 250 3rd Ave N #625

City Minneapolis State MN Zip Code 55410

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150955

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	8

Amount of Each Disbursement this Period

500.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D150962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	8

Amount of Each Disbursement this Period

1250.00
---------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Ellison for Congress

A.

Full Name (Last, First, Middle Initial)  
STEVE SARVI FOR CONGRESS

Mailing Address P.O. Box 1107

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Sarvi

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 02

Transaction ID: D150994

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	0	8

Amount of Each Disbursement this Period

500.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

11250.00

Image# 28991312592

Form/Schedule:SA14

Refund for changed airline ticket

Transaction ID: C3720241

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