

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 11818

Check if different than previously reported. (ACC)

MINNEAPOLIS

MN

55411

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

11

07

2006

in the State of

MN

5. Covering Period

10

19

2006

through

11

27

2006

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

Type or Print Name of Treasurer Carla kjellberg

Signature of Treasurer Electronically Filed by Carla kjellberg

Date

04

10

2007

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										
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ELLISON FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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)).....	164828.43	786964.39
(b) Total Contribution Refunds (from Line 20(d)).....	425.00	2675.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	164403.43	784289.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	217022.72	687556.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	275.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	217022.72	687281.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	27284.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2039.32	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

ELLISON FOR CONGRESS

Report Covering the Period: From: 10 19 2006 To: 11 27 2006

I. RECEIPTS

Table with 3 columns: COLUMN A Total this Period, COLUMN B Election Cycle Total as of, COLUMN C Total for. Rows include 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A), (ii) Unitemized, (iii) Total of contributions from individuals; (b) Political Party Committees; (c) Other Political Committees.

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	707.02	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 164828.43	786964.39	1155.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	0.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	275.03	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 164828.43	787239.42	1155.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Write or Type Committe Name

ELLISON FOR CONGRESS

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
217022.72	687556.94	70877.53
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
425.00	2675.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

425.00	2675.00	0.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

217447.72	690231.94	70877.53
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

164403.43	784289.39	1155.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

217022.72	687281.91	70877.53
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	79904.24
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	164828.43
25. SUBTOTAL(add Line 23 and Line 24)	244732.67
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	217447.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	27284.95

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aziz Abdul		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address P.O. Box 641684		Transaction ID: SA11A1.17409
City San Jose	State CA	Zip Code 95164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Nisha Abdul Cader		Date of Receipt MM / DD / YYYY 11 / 02 / 2006
Mailing Address 1635 Nasella Lane		Transaction ID: SA11A1.17408
City San Luis Obispo	State CA	Zip Code 93405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer County of San Luis Obispo	Occupation pediatrician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mohammad Aboobaker		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address 47000 Warm Springs Blvd. #365		Transaction ID: SA11A1.17412
City Fremont	State CA	Zip Code 94539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rebecca Abou-Chedid		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 1230 13th St. NW Apt 705		Transaction ID: SA11A1.17413
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Arab American Institute Occupation Director of Government Relations		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Kamel Ahmed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 875 Madonna Way		Transaction ID: SA11A1.17426
City Los Altos State CA Zip Code 94024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Morgan Stanely Occupation Investment Banker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Naeem Ahmed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2458 Copper Creek Dr.		Transaction ID: SA11A1.17427
City Bay City State MI Zip Code 48706	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Requested Occupation Requested		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tahir Ahmed		Date of Receipt MM / DD / YYYY 10 / 31 / 2006
Mailing Address 8815 Southern Breele Dr.		Transaction ID: SA11A1.17429
City Orlando	State FL	Zip Code 32836
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Vineland, Inc.	Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jamal Akbar		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 1455 S. Gramh Rd.		Transaction ID: SA11A1.17434
City Saginaw	State MI	Zip Code 48609
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer St. Mary's Medical Center	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Raana Akbar, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 580 Golfview Dr.		Transaction ID: SA11A1.17433
City Saginaw	State MI	Zip Code 48603
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer N/A, Self-Employed	Occupation Medical Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Waheed Akbar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 580 Golfview Dr		Transaction ID: SA11A1.17436	
City State Zip Code Saginaw MI 48603		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A, Self-Employed Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Shareef Akeel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1372 Sherborn Ct.		Transaction ID: SA11A1.17437	
City State Zip Code Rochester Hills MI 48306		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A, Self-Employed Occupation Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mohamed Ali		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 65 Sawmill Creek Trail		Transaction ID: SA11A1.17442	
City State Zip Code Saginaw MI 48603		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested Occupation Requested			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nahid Aliniazee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 875 Madonna Way		Transaction ID: SA11A1.17445
City State Zip Code Los Altos CA 94024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested Occupation Requested	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. mohamed alsI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address 12114 Washington Place		Transaction ID: SA11A1.17447
City State Zip Code Los Amgees CA 90066	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Moe AlsI Inc. Occupation Self Employed	Election Cycle-to-Date 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. mohamed alsI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 12114 Washington Place		Transaction ID: SA11A1.17448
City State Zip Code Los Amgees CA 90066	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Moe AlsI Inc. Occupation Self Employed	Election Cycle-to-Date 600.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ziad Amra		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 4002 Blaisdell Ave		Transaction ID: SA11A1.17452	
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation US Bank banker	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Vaseem Anjum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 462 Joshua Way		Transaction ID: SA11A1.17461	
City State Zip Code Sunnyvale CA 94086	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Shanaz Anjum President & CEO	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Asif Bakhsh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 4675 Avondale Ter.		Transaction ID: SA11A1.17481	
City State Zip Code Bloomfield Hills MI 48304	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Requested Requested	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
James Barrett

Mailing Address 2629 W. 43rd St. #304

City State Zip Code
Minneapolis MN 55410-1628

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

Name of Employer None Occupation Semi-retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17484

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)
Mary Bierkamp

Mailing Address 5021 Newton Ave. So.

City State Zip Code
Minneapolis MN 55419

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

Name of Employer FCS CFG Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17497

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)
Diane Bourgeois

Mailing Address 3841 Standish Ave

City State Zip Code
Minneapolis MN 55407

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

Name of Employer Hennepin County Occupation Child Support Officer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.17503

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)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stuart Buchanan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 647 Bourne Place		Transaction ID: SA11A1.17510
City Orlando	State FL	Zip Code 32801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Cleo Cafesjian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 4351 Gulf Shore Blvd. N.		Transaction ID: SA11A1.17516
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gerald Cafesjian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 610 Opperman Dr.		Transaction ID: SA11A1.17517
City Eagan	State MN	Zip Code 55123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GLC Enterprises	Occupation President/CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
William Cameron

Mailing Address 1920 Drew Ave S.

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Requested Occupation
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.17522

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)
Jackie Cherryhomes

Mailing Address 1216 Sheridan Ave. N

City State Zip Code
Minneapolis MN 55411

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

Name of Employer Self Occupation
Lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17525

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)
Chuck Chuckuemeka

Mailing Address 966 Tamberwood Alcove

City State Zip Code
Woodbury MN 55125

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

Name of Employer chuckuemeka & associates, llc Occupation
accountant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.17529

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) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Carol Coffey

Mailing Address 4140 Xenwood Ave S

City State Zip Code
St. Louis Park MN 55416

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

Name of Employer Unemployed Occupation Trained as Social Worker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.17538

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)
James Cohen

Mailing Address 2615 Park Avenue, # 518

City State Zip Code
Minneapolis MN 55407

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

Name of Employer Requested Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17540

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 4412 47th Ave S.

City State Zip Code
Minneapolis MN 55406

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

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.17542

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) ► **200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 131
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Farid Currimbhoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 690 Graham St.		Transaction ID: SA11A1.17554	
City State Zip Code Hutchinson MN 55350		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Millerbernd Design & Fabrication Co	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. William Dooley II		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 5653 James Ave. S.		Transaction ID: SA11A1.17565	
City State Zip Code Minneapolis MN 55419		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Minnesota Community Land Trust Coaliti	Occupation Lobbyist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Abdulrahman Effendi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2546 Haverford Dr.		Transaction ID: SA11A1.17569	
City State Zip Code Troy MI 48098		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Effendi Abdul R. MD	Occupation Nephologist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Samir Elghor

Mailing Address 10478 Karston Ave NE

City State Zip Code
Albertville MN 55301

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

Name of Employer Occupation
Center For Pain Management Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.17571

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 5275 Legend Hills Lane

City State Zip Code
Brooksville FL 34609

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

Name of Employer Occupation
N/A, Self-Employed Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.17575

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)
David Flannery

Mailing Address 1814 Mount Curve Ave

City State Zip Code
Minneapolis MN 55403-1018

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

Name of Employer Occupation
None Retired Educator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17583

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) ► **2700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Tina Flint Smith

Mailing Address 4720 W. Lake Harriet Pkwy.

City State Zip Code
Minneapolis MN 55410

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

Name of Employer City of Minneapolis Occupation Chief of Staff

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17584

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 Gabriel

Mailing Address 4801 Foxhall Crescent

City State Zip Code
Washington DC 20007

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

Name of Employer The Gabriel Company Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.17594

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)
Manuel Garcia

Mailing Address P.O. Box 1233

City State Zip Code
Orlando FL 32802

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

Name of Employer Atlantic Coast Management Occupation Risk Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.17597

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
BraVada Garrett-Akinsanya

Mailing Address 13805 60th Ave. North

City Plymouth State MN Zip Code 55446

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

Name of Employer Brakins Consulting & Psychological Ser
Occupation Psychologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.17599

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)
Fred Gates

Mailing Address 5249 Ewing Ave S.

City Minneapolis State MN Zip Code 55410

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

Name of Employer Self
Occupation Public Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17600

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)
Fred Gates

Mailing Address 5249 Ewing Ave S.

City Minneapolis State MN Zip Code 55410

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

Name of Employer Self
Occupation Public Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.17601

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) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Faisal Ghori		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 535 Arastradero #305		Transaction ID: SA11A1.17602
City State Zip Code Palo Alto CA 94306	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Manzoor Ghori		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 3354 Vernon Ter.		Transaction ID: SA11A1.17603
City State Zip Code Palo Alto CA 94303	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ali Giarushi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 6720 132nd St N		Transaction ID: SA11A1.17604
City State Zip Code White Bear Lake MN 55110	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Real Estate Masters Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Ali Giarushi

Mailing Address 6720 132nd St N

City State Zip Code
White Bear Lake MN 55110

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

Name of Employer Real Estate Masters Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17605

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 19136 Rosewood Dr.

City State Zip Code
Macomb Township MI 48042

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

Name of Employer Sensor Data Technologies, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17608

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)
Iftekhar Hai

Mailing Address 126 Appian Way

City State Zip Code
S. San Francisco CA 94080

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17618

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Yusef Hakeem		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 504 Kilmer St		Transaction ID: SA11A1.17619	
City Chattanooga	State TN	Amount of Each Receipt this Period 1000.00	
Zip Code 37404		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Tennessee	Occupation Board Member		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Will Halverstadt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 708 Tyrol Trail		Transaction ID: SA11A1.17621	
City Golden Valley	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55416		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer General Mills	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Syed Hamdani		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 849 Independence Ave		Transaction ID: SA11A1.17622	
City Mountain View	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 94043		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Xstor Medical	Occupation CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Imtiyaz Haque		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 11531 Bianchini Ln		Transaction ID: SA11A1.17627
City State Zip Code Cupertino CA 95014	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Requested Occupation Requested	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mustafa Hares		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 4512 Stoneview		Transaction ID: SA11A1.17628
City State Zip Code West Bloomfield MI 48322	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Center for Comprehensive Weight Loss Occupation Surgeon	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kamil Hasan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 12182 Parker Ranch Road		Transaction ID: SA11A1.17634
City State Zip Code Saratoga CA 95070	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hitek Venture Partners Occupation Venture Capitalist	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Saima Hasan

Mailing Address 12182 Parker Ranch Rd

City State Zip Code
Saratoga CA 95070

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

Name of Employer None Occupation Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17635

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)
Talat Hasan

Mailing Address 12182 Parker Ranch Road

City State Zip Code
Saratoga CA 95070

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17636

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)
Bish Hashem

Mailing Address 32 Norfolk Ave

City State Zip Code
South Eastern MA 02375

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

Name of Employer Stonebridge Homes, Inc. Occupation VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17637

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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) Randall Herman Mailing Address 5200 Oxford St City Shoreview State MN Zip Code 55126 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.17644 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Evergreen Occupation Chairman Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) M. Hiba Mailing Address 4571 Golf Club Lane City Brookville State FL Zip Code 34609 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.17647 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Wallace Hilke Mailing Address 3700 Big Fox Rd City St. Paul State MN Zip Code 55110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.17648 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Requested Occupation Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Laurene Hilty

Mailing Address 64105 Norway Spruce Rd

City State Zip Code
Finlayson MN 55735

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17649

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)
William Hilty

Mailing Address 64105 Norway Spruce Rd

City State Zip Code
Finlayson MN 55735

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

Name of Employer Occupation
Minnesota House Representative

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17650

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)
Frank Hornstein

Mailing Address 4344 Drew Avenue S

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Occupation
House of Reps Rep

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17655

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) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Frank Hornstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4344 Drew Avenue S		Transaction ID: SA11A1.17656
City State Zip Code Minneapolis MN 55410	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer House of Reprs Occupation Rep	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kim Hunter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1451 Edmund Ave		Transaction ID: SA11A1.17662
City State Zip Code St. Paul MN 55104	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation Attorney	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald Hunter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 7500 Ridgeway Rd		Transaction ID: SA11A1.17663
City State Zip Code Golden Valley MN 55426	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cargill Occupation Lawyer	Election Cycle-to-Date ▼ 400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Asim Husain		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address 21456 Arrowhead Ln.		Transaction ID: SA11A1.17664
City State Zip Code Saratoga CA 95070	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer None Occupation Retired	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Muzammil Hussain		Date of Receipt MM / DD / YYYY 10 / 25 / 2006
Mailing Address 6816 Antrim Rd		Transaction ID: SA11A1.17667
City State Zip Code Edina MN 55439-1703	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00
Name of Employer Pioneer Plastics Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Masud Imran		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 3719 Heron Ridge Dr.		Transaction ID: SA11A1.17671
City State Zip Code Rochester Hills MI 48309	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Henry Ford Hospital Occupation Anesthesiologist	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Barbara Isaacman

Mailing Address 1106 Sheridan Ave. N

City State Zip Code
Minneapolis MN 55411

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

Name of Employer Occupation
Hennepin County Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.17673

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)
Abul Islam

Mailing Address 7495 Cypress Pt.

City State Zip Code
Bay City MI 48706

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

Name of Employer Occupation
Self Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17674

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)
Imadul Islam

Mailing Address 165 Caprice Cir

City State Zip Code
Hercules CA 94547

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

Name of Employer Occupation
Bexlex Bioscience Scientist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17675

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)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Jaime Itani

Mailing Address 401 West Center
Unit B-5

City State Zip Code
West Bridgewater MA 02379

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

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17677

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)
Muhammad Itani

Mailing Address 32 Norfolk Ave

City State Zip Code
South Easton MA 02375

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

Name of Employer Stonebridge Homes, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17678

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)
H. Ali Jaafar

Mailing Address 11600 Landing Rd.

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer MN Medical Physics Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.17680

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)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Irshad Jafri		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 857 Govern Cir.		Transaction ID: SA11A1.17681	
City State Zip Code Eagen MN 55123	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Health Partners Occupation Doctor	Election Cycle-to-Date 583.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Irshad Jafri		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 857 Govern Cir.		Transaction ID: SA11A1.17682	
City State Zip Code Eagen MN 55123	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Health Partners Occupation Doctor	Election Cycle-to-Date 833.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Rizwan Jaka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 42884 Ridgeway		Transaction ID: SA11A1.17684	
City State Zip Code Ashburn VA 20148	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Oracle Corporation Occupation Technical Manager	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Tanweer Janjua

Mailing Address 3105 Thunder Bay Road

City State Zip Code
Little Canada MN 55117

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: SA11A1.17688

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4151 Boone Ave N

City State Zip Code
New Hope MN 55427

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.17689

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)
Rick Jauert

Mailing Address 146 N. Carolina Ave. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Self Employed Occupation Self Employer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1055.03

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.17690

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)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Rick Jauert

Mailing Address 146 N. Carolina Ave. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Self Employed Self Employer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1155.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.17691

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)
Muhammad Jilani

Mailing Address 4207 Summerwood Ln.

City State Zip Code
Saginaw MI 48603

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

Name of Employer Occupation
Saint Marys Hospital Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17694

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 Khan

Mailing Address 3175 Shattuck Blvd.

City State Zip Code
Saginaw MI 48603

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

Name of Employer Occupation
Functional Rehab Administrator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17713

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) ▶ **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Afzal Khan		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address 955 Escalon Ave., #206		Transaction ID: SA11A1.17714
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HP	Occupation Analyst	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ashfaq Khan		Date of Receipt MM / DD / YYYY 10 / 25 / 2006
Mailing Address 6089 Clarion Cir.		Transaction ID: SA11A1.17715
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hyder Khan		Date of Receipt MM / DD / YYYY 10 / 31 / 2006
Mailing Address 8017 Telegraph Rd.		Transaction ID: SA11A1.17716
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hennepin Faculty Associates	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Javed Khan

Mailing Address 12168 Farr Ranch Rd.

City State Zip Code
Saratoga CA 95070

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

Name of Employer Occupation
Jeskell, Inc. Business

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17717

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
M. Ali Khan

Mailing Address 4305 Verdigris Circle

City State Zip Code
San Jose CA 95134

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

Name of Employer Occupation
Marvel Product Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17720

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)
Shaheer Khan

Mailing Address 101 Gold Hunter Ct.

City State Zip Code
Foster City CA 94404

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

Name of Employer Occupation
Applied Biosystems Scientist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17723

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) ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 131 (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

<p>A. Full Name (Last, First, Middle Initial) Shahida Khan</p> <p>Mailing Address 7194 Pine Knob Rd</p> <p>City State Zip Code Independence Towns MI 48348</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Henry Ford Hospital Cardiologist</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6</p> <p>Transaction ID: SA11A1.17725</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Khurshid Khoja</p> <p>Mailing Address 216 Wayne Ave #201</p> <p>City State Zip Code Oakland CA 94606</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Thelenreid, Priest LLP Attorney</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</p> <p>Transaction ID: SA11A1.17727</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Hyon Kim</p> <p>Mailing Address 1611 Pleasant St, Apt. 310</p> <p>City State Zip Code St. Paul MN 55108</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MN Best, Inc, Requested</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6</p> <p>Transaction ID: SA11A1.17731</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Kathy Kosnoff

Mailing Address 4228 Chowen Avenue South

City State Zip Code
Minneapolis MN 55410

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

Name of Employer self-employed Occupation
Attorney, realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17737

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)
David Kremer

Mailing Address 3838 Fremont Ave. N

City State Zip Code
Minneapolis MN 55412

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

Name of Employer Requested Occupation Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17739

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)
Ahmad Ksaibati Pod

Mailing Address P.O. Box 48

City State Zip Code
Brandon FL 33509

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

Name of Employer Requested Occupation Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.17742

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)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Tineka Kurth

Mailing Address 2620 Glenhurst Pl.

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Nonviolent Peaceforce
Occupation Volunteer/Recruiter

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.17745

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)
LaJune Lange

Mailing Address 1800 Humboldt Ave S.

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Self
Occupation Consultant/Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17749

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)
LaJune Lange

Mailing Address 1800 Humboldt Ave S.

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Self
Occupation Consultant/Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17750

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) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Donald Lewis

Mailing Address 1550 E Minnehaha Pkwy

City State Zip Code
Minneapolis MN 55417

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

Name of Employer Occupation
Halleland Lewis Nilan Johnson Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17761

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)
Jeffrey Lewis

Mailing Address 2150 Toledo Ave N

City State Zip Code
Golden Valley MN 55422

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

Name of Employer Occupation Requested
Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17762

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)
David Lilly, Jr.

Mailing Address 2800 Kenilworth Place

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
N/A Unemployed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17763

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)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hazem Mahmoud		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 8586 Pinehurst Alc		Transaction ID: SA11A1.17770
City Woodbury	State MN	Zip Code 55125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer City & County Credit Union	Occupation Computer Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Abdul Majeed		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 9573 Highland Green		Transaction ID: SA11A1.17771
City Saginaw	State MI	Zip Code 48609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Valley Physical Therapy	Occupation Physical Therapist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ghaus Malik		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1130 E Square Lake Rd		Transaction ID: SA11A1.17773
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Henry Ford Hospital	Occupation Neurologist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

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

Mailing Address 3480 Notre Dame Dr

City State Zip Code
Santa Clara CA 95051

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17774

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)
John Martin

Mailing Address 3129 Nevada Avenue S

City State Zip Code
Saint Louis Park MN 55426

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

Name of Employer N/A Occupation Retired Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.17779

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)
Moeen Masood

Mailing Address 3613 Clare Downs Path

City State Zip Code
Rosemount MN 55068

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.17780

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) ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Dean Matson

Mailing Address 546 6th Ave S.

City Hopkins State MN Zip Code 55343

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17782

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)
Barb Melom

Mailing Address 5314 Penn Ave S

City Minneapolis State MN Zip Code 55419

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17794

Amount of Each Receipt this Period
 50.00

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

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

Mailing Address 5314 Penn Avenue South

City Minneapolis State MN Zip Code 55419

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.17795

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) ▶ **400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lisa Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 3018 Alabama Ave S		Transaction ID: SA11A1.17799
City State Zip Code Saint Louis Park MN 55416-2006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation L.A. Miller Design Business owner	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Lisa Miller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 3018 Alabama Ave S		Transaction ID: SA11A1.17800
City State Zip Code Saint Louis Park MN 55416-2006	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation L.A. Miller Design Business owner	Election Cycle-to-Date 1400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Salman Mitha		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 3776 Bayberry Ln		Transaction ID: SA11A1.17805
City State Zip Code Eagen MN 55123	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Deltamatics	Election Cycle-to-Date 800.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Razi Mohiuddin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 12280 Farr Ranch Rd		Transaction ID: SA11A1.17807
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Iron Speed, Inc.	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Walter Mondale		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 2116 Irving Ave S		Transaction ID: SA11A1.17808
City Minneapolis	State MN	Zip Code 55405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Dorsey & Whitney	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. marian moore		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 2427 22nd street west		Transaction ID: SA11A1.17810
City minneapolis	State MN	Zip Code 55405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Ismael Mosa-Basha

Mailing Address 1041 Paddock Ct.

City Troy State MI Zip Code 48098

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

Name of Employer TSS, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17811

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)
Haitham Mosly

Mailing Address 3154 Meadow Brook Dr.

City Woodbury State MN Zip Code 55125

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

Name of Employer self-employed Occupation dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.17812

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)
Yahya Mossa-Basha

Mailing Address 30701 Woodward Suite LL

City Royal Oak State MI Zip Code 48073

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17813

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Anas Moureiden

Mailing Address 7376 Royal Oak Dr.

City State Zip Code
Spring Hill FL 34607

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.17815

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)
Azzam Muftah

Mailing Address 12900 Cortez Blvd.

City State Zip Code
Brooksville FL 34613

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

Name of Employer N/A, Self-Employed Occupation Medical Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.17817

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)
William Mullin

Mailing Address 1625 W 25th St

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Maslon Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17818

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Naheed Murad

Mailing Address 3747 Woodland Trl

City State Zip Code
Eagan MN 55123

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

Name of Employer Cardiovascular Consultants Occupation Cardiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.17822

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)
A. S. Nakadar

Mailing Address 3707 Durham Ct

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17826

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)
Mark Nejame

Mailing Address 1 South Orange Ave., #304

City State Zip Code
Orlando FL 32801

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

Name of Employer N/A, Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.17830

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 131 (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) Shabbir Nomanbhoy Mailing Address 11254 Mount Crest Place <hr/> City State Zip Code Cupertino CA 95014 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">0</td><td></td> <td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">9</td><td></td> <td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td> </tr> </table> Transaction ID: SA11A1.17836 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	6												
Name of Employer Requested Occupation Requested <hr/> Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div>																				

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

B. Full Name (Last, First, Middle Initial) Christopher Obasi Mailing Address 7364 Drew Ave N <hr/> City State Zip Code Brooklyn Park MN 55443 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">0</td><td></td> <td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">5</td><td></td> <td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td> </tr> </table> Transaction ID: SA11A1.17841 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">100.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	0	6												
Name of Employer Requested Occupation Requested <hr/> Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div>																				

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

C. Full Name (Last, First, Middle Initial) Tony Okafor Mailing Address 7724 Queen Ave. N. <hr/> City State Zip Code Brooklyn Park MN 55444 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">1</td><td></td> <td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">7</td><td></td> <td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td> </tr> </table> Transaction ID: SA11A1.17843 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	7		2	0	0	6												
Name of Employer Requested Occupation Requested <hr/> Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div>																				

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

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">850.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wisam Omran		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 24 Forest Edge Road		Transaction ID: SA11A1.17846
City South Eastern	State MA	Zip Code 02375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Karen Pieper		Date of Receipt MM / DD / YYYY 10 / 25 / 2006
Mailing Address 4119 Blaisdell Ave S		Transaction ID: SA11A1.17859
City Minneapolis	State MN	Zip Code 55409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer All Saints Lutheran Church, Cottage Gr	Occupation Music director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Karen Pieper		Date of Receipt MM / DD / YYYY 10 / 31 / 2006
Mailing Address 4119 Blaisdell Ave S		Transaction ID: SA11A1.17860
City Minneapolis	State MN	Zip Code 55409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer All Saints Lutheran Church, Cottage Gr	Occupation Music director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Karen Pieper

Mailing Address 4119 Blaisdell Ave S

City State Zip Code
Minneapolis MN 55409

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

Name of Employer All Saints Lutheran Church, Cottage Gr
Occupation Music director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.17861

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)
Steve Pincus

Mailing Address 1800 Irving Avenue South

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Anthony Ostlund & Baer
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.17863

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)
Laura Provinzino

Mailing Address 5642 Wood Lane

City State Zip Code
St. Louis Park MN 55436

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

Name of Employer Robbins, Kaplan, Miller, Ciresi
Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.17872

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) ▶ **250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Ghulam Qadir

Mailing Address 34 Bradford Ct.

City Dearborn State MI Zip Code 48126

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

Name of Employer Apex Behavioral Health PL-LC Occupation Psychiatrist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17873

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)
Riffat Qadir

Mailing Address 7303 Beaumont Court

City Pleasanton State CA Zip Code 94566

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

Name of Employer Enpro Solutions, Inc. Occupation Business Owner/Consulting Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.17874

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)
Mohammad Ashraf Qazi

Mailing Address 6405 Middlebelt Rd

City West Bloomfield State MI Zip Code 48322

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

Name of Employer Ciena Healthcare Management Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17875

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) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Atif Qureshi		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address 196 E Linda Mesa Ave #15		Transaction ID: SA11A1.17877
City Danville	State CA	Zip Code 94526
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Hughes Associates	Occupation Fire Protection Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Waheed Qureshi		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address 7195 Hickorywood Ln		Transaction ID: SA11A1.17879
City Pleasanton	State CA	Zip Code 94566
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Zenprise Inc.	Occupation computer scientist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Asif Rahman		Date of Receipt MM / DD / YYYY 10 / 19 / 2006
Mailing Address 3534 Birchpond Road		Transaction ID: SA11A1.17882
City Eagen	State MN	Zip Code 55122
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Health Partners	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Shazia Rahman

Mailing Address 3534 Birchpond Road

City Eagan State MN Zip Code 55122

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

Name of Employer None Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.17883

Amount of Each Receipt this Period
 2100.00

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

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

Mailing Address 2139 Oakwood Dr

City Troy State MI Zip Code 48085

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

Name of Employer St. John Hospital Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17886

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)
Shafi Refai

Mailing Address 45290 S. Grimmer Blvd

City Fremont State CA Zip Code 94539

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

Name of Employer City of Oakland Occupation Civil Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17891

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)	▶	2850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Nabil Rifaie

Mailing Address 11903 N. 53rd St

City Tampa State FL Zip Code 33617

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.17895

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)
Glenda Rooney

Mailing Address 3244 Emerson Ave S.

City Minneapolis State MN Zip Code 55408

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

Name of Employer Augsburg College Occupation Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17899

Amount of Each Receipt this Period
 125.00

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

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

Name of Employer Augsburg College Occupation Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17900

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)	▶	675.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Ronald Rooney

Mailing Address 3244 Emerson Ave S.

City State Zip Code
Minneapolis MN 55408

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

Name of Employer Occupation
University of Minnesota Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17901

Amount of Each Receipt this Period
125.00

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

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

Mailing Address 17401 Pontchatrain Blvd.

City State Zip Code
Detroit MI 48203

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

Name of Employer Occupation Requested
Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.17908

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 Saleem

Mailing Address 8227 Lake Serene Dr.

City State Zip Code
Orlando FL 32836

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

Name of Employer Occupation Requested
Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.17910

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) ▶ **875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Syed Sarwat		Date of Receipt MM / DD / YYYY 10 / 29 / 2006
Mailing Address 46689 Windmill Dr		Transaction ID: SA11A1.17914
City Fremont	State CA	Zip Code 94539
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. David Sasseville		Date of Receipt MM / DD / YYYY 10 / 30 / 2006
Mailing Address 80 S. 8th St. 4200 IDS Center		Transaction ID: SA11A1.17915
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Lindquist & Vennum	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John Satorius		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 5031 S. Emerson Ave.		Transaction ID: SA11A1.17916
City Minneapolis	State MN	Zip Code 55419
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Fredrikson & Byron, PA	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
THOMAS SAYLOR

Mailing Address 5055 EMERSON AVE. SO.

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17918

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)
Judith Scheide

Mailing Address 133 Library Place

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Scheide Fund Associate Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.17919

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 1350 Bright Oaks Ct

City State Zip Code
Los Altos CA 94024

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

Name of Employer Occupation
Syntex- Roche Corp Retired Pharmaceutical Chemist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.17928

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) ► 2400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Mitchell Shamsud-Din

Mailing Address 15141 Auburn Street

City State Zip Code
Detroit MI 48223

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

Name of Employer
Community Services Community Developme

Occupation
Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.17929

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)
Janet Shapiro

Mailing Address 21 Greenway Gables

City State Zip Code
Minneapolis MN 55403

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

Name of Employer
None

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17930

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)
Mark Sherman

Mailing Address 1410 Raymond Ave

City State Zip Code
St. Paul MN 55108

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

Name of Employer
Progressive Technology Project

Occupation
Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17935

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) ► **1050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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) Brett Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 5300 Irving Avenue South		Transaction ID: SA11A1.17946
City State Zip Code Minneapolis MN 55419	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired from teaching	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1305.00	

B. Full Name (Last, First, Middle Initial) Christopher Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 8036 50th Street N		Transaction ID: SA11A1.17947
City State Zip Code Lake Elmo MN 55042	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Guided Insurance Solutions	Occupation Insurance Consultant	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Christopher Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 8036 50th Street N		Transaction ID: SA11A1.17948
City State Zip Code Lake Elmo MN 55042	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Guided Insurance Solutions	Occupation Insurance Consultant	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Matthew Spector

Mailing Address 221 Bank Street SE

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Self Occupation
Consulting in Non-profit and televisi

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17951

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)
Sarah Standefer

Mailing Address 622 8th Ave SE

City State Zip Code
Minneapolis MN 55414

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

Name of Employer None Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1035.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17954

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)
osama suliman

Mailing Address 207 8th st.east

City State Zip Code
saint.petersburg FL 33715

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

Name of Employer self Occupation
physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.17964

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) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
John Sullivan

Mailing Address 2209 Newton Ave S

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
Imation Corp. Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: SA11A1.17965

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)
George Sutton

Mailing Address 38596 Northstar Dr

City State Zip Code
Cushing MN 56443

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

Name of Employer Occupation
Sutton & Associates Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: SA11A1.17966

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)
Shafath Syed

Mailing Address 1543 Kennewick Dr

City State Zip Code
Sunnyvale CA 94087

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

Name of Employer Occupation
Adobe Systems Marketing

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2006

Transaction ID: SA11A1.17970

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) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shahid Tahir		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 5201 Park Ridge Dr		Transaction ID: SA11A1.17973	
City State Zip Code West Bloomfield MI 48323	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Home Healthcare Occupation CEO	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Mohammad Tai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 45389 Rutherford Terrace		Transaction ID: SA11A1.17974	
City State Zip Code Fremont CA 94539	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self-Employed Occupation Business	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Jukaku Tayeb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 14410 Patterson Dr		Transaction ID: SA11A1.17975	
City State Zip Code Shelby TWP MI 48315	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer St. Clair Specialty Physicians Occupation Nephrologist	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Mohammed Thabet

Mailing Address PO Box 6742

City State Zip Code
Minneapolis MN 55406

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

Name of Employer DBA Contracting Co. 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
1 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.17976

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)
Alice Theobald

Mailing Address 4021 Aldrich Ave S.

City State Zip Code
Minneapolis MN 55409

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.17977

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 4021 Aldrich Ave S.

City State Zip Code
Minneapolis MN 55409

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17978

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)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dianne Thomas		Date of Receipt MM / DD / YYYY 10 / 27 / 2006
Mailing Address 5200 Shaefer Rd.		Transaction ID: SA11A1.17979
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 800.00
Name of Employer Self-Employed	Occupation Physical Therapist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. James Thomas		Date of Receipt MM / DD / YYYY 10 / 27 / 2006
Mailing Address 5200 Shaefer Rd.		Transaction ID: SA11A1.17980
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 800.00
Name of Employer Thomas Auto Mall	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Karen Thompson-Cardwell, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2006
Mailing Address 18652 Fairway Dr.		Transaction ID: SA11A1.17982
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Jane Thomson

Mailing Address 2512 18th Ave. South

City State Zip Code
Minneapolis MN 55404

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

Name of Employer retired Occupation artist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.17983

Amount of Each Receipt this Period
35.00

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

B. Full Name (Last, First, Middle Initial)
elizabeth j tisel

Mailing Address 4155 garfield avenue south

City State Zip Code
minneapolis MN 55409

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

Name of Employer self Occupation homemaker, activist, volunteer, commun

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.17989

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)
David Waterbury

Mailing Address 3830 West Calhoun Parkway

City State Zip Code
Minneapolis MN 55410

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

Name of Employer None Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.18013

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) ▶ **635.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Miriam Weinstein

Mailing Address 111 Pratt St.

City State Zip Code
Minneapolis MN 55419

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

Name of Employer not employed Occupation educator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.18016

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)
W. Hall Wendel, Jr.

Mailing Address 115 Railway St W

City State Zip Code
Loretto MN 55357

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.18018

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 3319 11th Ave South

City State Zip Code
Minneapolis MN 55407

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

Name of Employer Southern MN Regional Legal Services Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.18019

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)	▶	2450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Barbra Wiener

Mailing Address 5104 Aldrich Avenue South

City State Zip Code
Minneapolis MN 55419

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

Name of Employer self Occupation justice worker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.18022

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)
Diane Wiley

Mailing Address 335 W 49th St

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Requested Occupation Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.18023

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)
Donna Williams

Mailing Address 18160 Ramsgate

City State Zip Code
Lathrup Village MI 48076

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

Name of Employer N/A, Info. Requested Occupation N/A, Info. Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.18025

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) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
Muhammad Zahid

Mailing Address 404 Duck Lane

City State Zip Code
Walled Lake MI 48390

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

Name of Employer Requested Occupation
Requested Physical Therapist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.18037

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)
Asad Zaman

Mailing Address 6485 Dawn Way

City State Zip Code
Inver Grove Height MN 55076

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

Name of Employer Requested Occupation
Tarek im Ziyad Academy School Principal

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.18038

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)
Muhammed Zubair

Mailing Address 455 West Courtney Lane

City State Zip Code
Tempe AZ 85284

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

Name of Employer Requested Occupation
Freescale Semiconductor Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18042

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)	1150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 70 / 131
(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)
Vusumuzi Zulu

Mailing Address 1112 Newton Avenue North

City State Zip Code
Minneapolis MN 55411

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

Name of Employer Requested Occupation Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

230.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.18043

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)	▶	50.00
TOTAL This Period (last page this line number only)	▶	76810.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 131
	<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

Full Name (Last, First, Middle Initial) A. American Association of Nurse Anesthetists CRNA PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 412 First St. SE Suite 12		Transaction ID: SA11C.17449
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. AMERICAN NURSES ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 8515 Georgia Avenue Suite 400		Transaction ID: SA11C.17450
City Silver Spring State MD Zip Code 20910	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00017525	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. ARAB AMERICAN LEADERSHIP COUNCIL PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1600 K STREET NW SUITE 601		Transaction ID: SA11C.17469
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00194225	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 131
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Asbsetos Workers Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9602 ML King Hwy.		Transaction ID: SA11C.17415
City Lanham	State MD	Amount of Each Receipt this Period 500.00
Zip Code 20706	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. CITIZENS FOR RUSH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address P. O. BOX 7292		Transaction ID: SA11C.17532
City CHICAGO	State IL	Amount of Each Receipt this Period 1000.00
Zip Code 60680	FEC ID number of contributing federal political committee. C C00257121	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. COMCAST CORP. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1500 Market Street 35th Floor		Transaction ID: SA11C.17543
City Philadelphia	State PA	Amount of Each Receipt this Period 1000.00
Zip Code 19102	FEC ID number of contributing federal political committee. C C00248716	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 131
(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)
CONGRESSIONAL BLACK CAUCUS POLITICAL ACTION COMMITTEE(CBC-PAC)
 Mailing Address 227 Massachusetts Avenue NE
 City State Zip Code
 Washington DC 20002
 FEC ID number of contributing federal political committee. **C** C00147512
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 6
Transaction ID: SA11C.17544
 Amount of Each Receipt this Period
 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA
 Mailing Address 601 Pennsylvania Avenue NW
 South Building Suite 600
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6
Transaction ID: SA11C.17549
 Amount of Each Receipt this Period
 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DORSEY NATIONAL FUND
 Mailing Address 50 South Sixth Street
 City State Zip Code
 Minneapolis MN 55402
 FEC ID number of contributing federal political committee. **C** C00018945
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6
Transaction ID: SA11C.17566
 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) ► **12500.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 74 / 131
(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)
FAEGRE AND BENSON PROFESSIONAL LIMITED LIABILITY PARTNERSHIP FEDERAL POLITICAL

Mailing Address 2200 WELLS FARGO CENTER
90 SOUTH SEVENTH STR

City State Zip Code
MINNEAPOLIS MN 55402

FEC ID number of contributing federal political committee. **C** C00215491

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11C.17580

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)
FRIENDS OF WEINER

Mailing Address 1 Ascan Avenue #31
suite 31

City State Zip Code
Forest Hills NY 11375

FEC ID number of contributing federal political committee. **C** C00327742

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
635.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11C.18172

Amount of Each Receipt this Period
635.10

In-kind - Airfare from New York
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
FRIENDS OF WEINER

Mailing Address 1 Ascan Avenue #31
suite 31

City State Zip Code
Forest Hills NY 11375

FEC ID number of contributing federal political committee. **C** C00327742

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1270.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11C.18175

Amount of Each Receipt this Period
635.10

In-kind - Airfare to New York
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1770.20**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 131
	<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

Full Name (Last, First, Middle Initial) A. HOPEFUND INC.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 607 14th Street NW Suite 800		Transaction ID: SA11C.17654	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00409052		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. HUMAN RIGHTS CAMPAIGN PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1640 Rhode Island Avenue NW		Transaction ID: SA11C.17661	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00235853		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. HUMAN RIGHTS CAMPAIGN PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1640 Rhode Island Avenue NW		Transaction ID: SA11C.18177	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C C00235853		In-kind - Website Design Services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2525.00		

SUBTOTAL of Receipts This Page (optional) ▶	5025.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 131
	<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)
IMPEACHPAC

Mailing Address BOX 721066

City JACKSON HEIGHTS State NY Zip Code 11372

FEC ID number of contributing federal political committee. **C** C00416602

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: SA11C.17670

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)
Ironworkers Political Action League

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11C.17672

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)
JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.17695

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 131
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) A. KEEPING AMERICA'S PROMISE INC.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 511 C Street NE		Transaction ID: SA11C.17707	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00409508		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF N.A.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 905 16th St. N.W. Second Floor		Transaction ID: SA11C.17746	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00007922		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. LOCKRIDGE GRINDAL NAUEN POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 100 WASHINGTON AVE SO SUITE 2200		Transaction ID: SA11C.17765	
City State Zip Code MINNEAPOLIS MN 55401	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00167916		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 78 / 131
(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)
MAJORITY PAC

Mailing Address 551 MAIN STREET SUITE 220

City JOHNSTOWN State PA Zip Code 15901

FEC ID number of contributing federal political committee. **C** C00426023

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 6

Transaction ID: SA11C.17772

Amount of Each Receipt this Period
 2000.00

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

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

Mailing Address 50 W. San Fernando St. Ste. 350

City San Jose State CA Zip Code 95113

FEC ID number of contributing federal political committee. **C** C00351379

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11C.17798

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)
MURTHA FOR CONGRESS COMMITTEE

Mailing Address Suite 220 551 Main Street
BT FINANCIAL PLAZA SUITE 220

City JOHNSTOWN State PA Zip Code 15901

FEC ID number of contributing federal political committee. **C** C00019075

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.17825

Amount of Each Receipt this Period
 2000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 131
	<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

Full Name (Last, First, Middle Initial) A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1325 Massachusetts Ave. NW		Transaction ID: SA11C.17829
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00238725	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 430 North Michigan Avenue		Transaction ID: SA11C.17889
City Chicago State IL Zip Code 60611	FEC ID number of contributing federal political committee. C C00030718	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 430 North Michigan Avenue		Transaction ID: SA11C.17890
City Chicago State IL Zip Code 60611	FEC ID number of contributing federal political committee. C C00030718	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 131
	<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)
PROGRESSIVE PATRIOTS FUND

Mailing Address PO Box 628008

City Middleton State WI Zip Code 53562

FEC ID number of contributing federal political committee. **C** C00409136

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11C.17871

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 1700 Broadway, 2nd Floor

City New York State NY Zip Code 10019

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11C.17992

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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.17997

Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 / 131	
	(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

Full Name (Last, First, Middle Initial)
A. WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)

Mailing Address **Sixth and Marquette
 SIXTH AND MARQUETTE**

City **Minneapolis** State **MN** Zip Code **55479**

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11C.18017

Amount of Each Receipt this Period
2000.00

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)	56795.20

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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Jewish World		Transaction ID: SB17.18086 Date of Disbursement
Mailing Address 4509 Minnetonka Blvd.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Minneapolis	State MN	Zip Code 55416
Purpose of Disbursement Advertisement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="240.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ANGIE PACCIONE FOR CONGRESS		Transaction ID: SB17.18112 Date of Disbursement
Mailing Address PO Box 1292		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Ft. Collins	State CO	Zip Code 80522
Purpose of Disbursement Campaign Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 04		

Full Name (Last, First, Middle Initial) C. Authorize.net		Transaction ID: SB17.18090 Date of Disbursement
Mailing Address 915 South 500 East, Suite 200		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Online Fundraising	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="42.80"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="782.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net		Transaction ID: SB17.18091	
Mailing Address 915 South 500 East, Suite 200		Date of Disbursement 11 / 02 / 2006	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period 642.53
Purpose of Disbursement Online Fundraising		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BRALEY FOR CONGRESS		Transaction ID: SB17.18093	
Mailing Address PO Box 390		Date of Disbursement 11 / 03 / 2006	
City Waterloo	State IA	Zip Code 50704	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 01			

Full Name (Last, First, Middle Initial) C. David Colling		Transaction ID: SB17.18047	
Mailing Address 3057 Tyler St NE		Date of Disbursement 10 / 20 / 2006	
City Minneapolis	State MN	Zip Code 55418	Amount of Each Disbursement this Period 108.00
Purpose of Disbursement Reimbursement for Plumber		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1250.53
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Colling		Transaction ID: SB17.18065 Date of Disbursement 10 / 28 / 2006
Mailing Address 3057 Tyler St NE		Amount of Each Disbursement this Period 120.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55418	Category/ Type	
Purpose of Disbursement Reimbursement for Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David Colling		Transaction ID: SB17.18130 Date of Disbursement 11 / 10 / 2006
Mailing Address 3057 Tyler St NE		Amount of Each Disbursement this Period 1256.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55418	Category/ Type	
Purpose of Disbursement Reimbursement for Advertisement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David Colling		Transaction ID: SB17.18151 Date of Disbursement 11 / 22 / 2006
Mailing Address 3057 Tyler St NE		Amount of Each Disbursement this Period 42.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55418	Category/ Type	
Purpose of Disbursement Reimbursement for Office 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1418.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<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. David Colling Full Name (Last, First, Middle Initial) Mailing Address 3057 Tyler St NE City Minneapolis State MN Zip Code 55418 Purpose of Disbursement Reimbursement for Office 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) ▼		Transaction ID: SB17.18166 Date of Disbursement 11 / 27 / 2006 Amount of Each Disbursement this Period 73.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Congressional District 5 DFL Party Full Name (Last, First, Middle Initial) Mailing Address c/o Tom Hamilton 7856 Monroe St NE City Spring Lake Park State MN Zip Code 55432 Purpose of Disbursement Reimbursement for Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.18087 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 13000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Cooperative Printing Full Name (Last, First, Middle Initial) Mailing Address 1225 N 7th St City Minneapolis State MN Zip Code 55411 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.18088 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 7000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	20073.24
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matthew Croaston		Transaction ID: SB17.18062 Date of Disbursement 10 / 27 / 2006
Mailing Address 4743 1st Ave S		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55419	Purpose of Disbursement October Contract Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Croaston		Transaction ID: SB17.18169 Date of Disbursement 11 / 27 / 2006
Mailing Address 4743 1st Ave S		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55419	Purpose of Disbursement November Contract Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bridget Cusick		Transaction ID: SB17.18149 Date of Disbursement 11 / 22 / 2006
Mailing Address 5600 Sheridan Ave S		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55410	Purpose of Disbursement Reimbursement for Cell Phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2400.00
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. DARCY BURNER FOR CONGRESS

Mailing Address PO BOX 1090

City CARNATION State WA Zip Code 98014

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WA District: 08

Transaction ID: SB17.18095

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	6	6

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

Mailing Address 2929 University Ave SE #110

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Computer Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.18066

Date of Disbursement

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

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

Mailing Address 2929 University Ave SE #110

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Computer Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.18137

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	6	6

Amount of Each Disbursement this Period

750.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1650.00

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

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**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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Digital Coordination		Transaction ID: SB17.18138 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 2929 University Ave SE #110		Amount of Each Disbursement this Period 800.00
City Minneapolis State MN Zip Code 55414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Rental Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Domino's Pizza		Transaction ID: SB17.18167 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 25 Frank Lloyd Wright Drive Box 949		Amount of Each Disbursement this Period 197.14
City Ann Arbor State MI Zip Code 48106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Costs Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Alexandra Ellison		Transaction ID: SB17.18145 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 3331 15th Avenue S		Amount of Each Disbursement this Period 402.60
City Minneapolis State MN Zip Code 55407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Supplies and Food Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1399.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kim Ellison		Transaction ID: SB17.18105 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1629 Bryant Avenue N.		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55411	Purpose of Disbursement General Election Contract Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. FRIENDS OF TAMMY DUCKWORTH		Transaction ID: SB17.18097 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 416 W. 22nd St.		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lombard State IL Zip Code 60148	Purpose of Disbursement Campaign Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. FRIENDS OF WEINER		Transaction ID: SB17.18174 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 1 Ascan Avenue #31 suite 31		Amount of Each Disbursement this Period 635.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Forest Hills State NY Zip Code 11375	Purpose of Disbursement In-kind - Airfare from New York Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3635.10
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRIENDS OF WEINER		Transaction ID: SB17.18176 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 1 Ascan Avenue #31 suite 31		Amount of Each Disbursement this Period 635.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Forest Hills State NY Zip Code 11375		
Purpose of Disbursement In-kind - Airfare to New York Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR CONGRESS		Transaction ID: SB17.18099 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hudson State NY Zip Code 12534		
Purpose of Disbursement Campaign Contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gold Communications		Transaction ID: SB17.18067 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1617 W 6th #B		Amount of Each Disbursement this Period 26143.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78703		
Purpose of Disbursement Printing and Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	27278.32
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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gold Communications		Transaction ID: SB17.18068 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1617 W 6th #B		Amount of Each Disbursement this Period 26511.22
City Austin State TX Zip Code 78703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing and Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Golden Valley Country Club		Transaction ID: SB17.18118 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 7001 Golden Valley Rd		Amount of Each Disbursement this Period 3284.41
City Golden Valley State MN Zip Code 55427	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Space Rental Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heart of the Beast Theater		Transaction ID: SB17.18101 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1500 E Lake St		Amount of Each Disbursement this Period 450.00
City Minneapolis State MN Zip Code 55407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Space Rental Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	30245.63
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Honsa-Binder Printing, Inc.		Transaction ID: SB17.18069 Date of Disbursement 10 / 28 / 2006
Mailing Address 320 Spruce Street		Amount of Each Disbursement this Period 246.10
City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Honsa-Binder Printing, Inc.		Transaction ID: SB17.18081 Date of Disbursement 10 / 30 / 2006
Mailing Address 320 Spruce Street		Amount of Each Disbursement this Period 2295.00
City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Honsa-Binder Printing, Inc.		Transaction ID: SB17.18102 Date of Disbursement 11 / 03 / 2006
Mailing Address 320 Spruce Street		Amount of Each Disbursement this Period 393.97
City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2935.07
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Impact Printing		Transaction ID: SB17.18180 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 1578.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55117	Purpose of Disbursement Lawn Signs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Impact Printing		Transaction ID: SB17.18070 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 461.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55117	Purpose of Disbursement Printing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Impact Printing		Transaction ID: SB17.18071 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 461.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55117	Purpose of Disbursement Printing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.49
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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Impact Printing		Transaction ID: SB17.18072 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 461.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55117		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Impact Printing		Transaction ID: SB17.18073 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 461.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55117		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Impact Printing		Transaction ID: SB17.18083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 518.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55117		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1441.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Impact Printing		Transaction ID: SB17.18119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 426.93	
City St. Paul State MN Zip Code 55117	Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Impact Printing		Transaction ID: SB17.18120 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 746.86	
City St. Paul State MN Zip Code 55117	Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Impact Printing		Transaction ID: SB17.18139 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 1067 Rice Street		Amount of Each Disbursement this Period 3223.91	
City St. Paul State MN Zip Code 55117	Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4397.70
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Kirwan		Transaction ID: SB17.18046 Date of Disbursement 10 / 20 / 2006	
Mailing Address 1616 W 22nd St		Amount of Each Disbursement this Period 31.44	
City Minneapolis State MN Zip Code 55405	Purpose of Disbursement Reimbursement for Office Supplies	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Hannah Knazan-Lippman		Transaction ID: SB17.18060 Date of Disbursement 10 / 27 / 2006	
Mailing Address 3936 12th Ave S		Amount of Each Disbursement this Period 1500.00	
City Minneapolis State MN Zip Code 55407	Purpose of Disbursement October Contract	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Hannah Knazan-Lippman		Transaction ID: SB17.18131 Date of Disbursement 11 / 10 / 2006	
Mailing Address 3936 12th Ave S		Amount of Each Disbursement this Period 500.00	
City Minneapolis State MN Zip Code 55407	Purpose of Disbursement November Contract	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2031.44
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hannah Knazan-Lippman		Transaction ID: SB17.18154 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 3936 12th Ave S		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55407		
Purpose of Disbursement Reimbursement for Cell Phone	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amy Lange		Transaction ID: SB17.18045 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 4043 Colfax Ave S		Amount of Each Disbursement this Period 427.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55409		
Purpose of Disbursement Reimbursement for Office Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amy Lange		Transaction ID: SB17.18116 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 4043 Colfax Ave S		Amount of Each Disbursement this Period 100.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55409		
Purpose of Disbursement Reimbursement for Office Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	587.94
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amy Lange		Transaction ID: SB17.18146 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 4043 Colfax Ave S		Amount of Each Disbursement this Period 336.80	
City Minneapolis State MN Zip Code 55409	Purpose of Disbursement October Contract	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Latino Communicatons Network		Transaction ID: SB17.18082 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1516 E Lake St #200		Amount of Each Disbursement this Period 2000.00	
City Minneapolis State MN Zip Code 55407	Purpose of Disbursement Advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Susan Mass		Transaction ID: SB17.18135 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 4846 33rd Ave S		Amount of Each Disbursement this Period 4000.00	
City Minneapolis State MN Zip Code 55417	Purpose of Disbursement November Contract	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	6336.80
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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Batala-Ra McFarlane		Transaction ID: SB17.18147 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1223 Thomas Ave N		Amount of Each Disbursement this Period 202.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55411-3525	Purpose of Disbursement Reimbursement Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. McFarlane Media		Transaction ID: SB17.18107 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 55458		Amount of Each Disbursement this Period 4399.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55458	Purpose of Disbursement Advertisement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MCNERNEY FOR CONGRESS		Transaction ID: SB17.18109 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Campaign Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5102.16
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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Minneapolis Labor Review		Transaction ID: SB17.18076 Date of Disbursement
Mailing Address 312 Central Ave #542		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Minneapolis	State MN	Zip Code 55414
Purpose of Disbursement Advertisement	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="225.00"/>
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MINNESOTA DEMOCRATIC FARMER LABOR PARTY		Transaction ID: SB17.18057 Date of Disbursement
Mailing Address 255 East Plato Blvd		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Saint Paul	State MN	Zip Code 55107
Purpose of Disbursement Payroll	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="24000.00"/>
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MINNESOTA DEMOCRATIC FARMER LABOR PARTY		Transaction ID: SB17.18110 Date of Disbursement
Mailing Address 255 East Plato Blvd		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Saint Paul	State MN	Zip Code 55107
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="25225.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MINNESOTA DEMOCRATIC FARMER LABOR PARTY		Transaction ID: SB17.18124 Date of Disbursement
Mailing Address 255 East Plato Blvd		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Saint Paul	State MN	Zip Code 55107
Purpose of Disbursement Payroll	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="16595.47"/>
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MINNESOTA DEMOCRATIC FARMER LABOR PARTY		Transaction ID: SB17.18159 Date of Disbursement
Mailing Address 255 East Plato Blvd		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Saint Paul	State MN	Zip Code 55107
Purpose of Disbursement Payroll	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="9597.64"/>
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Modern Screen & Design		Transaction ID: SB17.18121 Date of Disbursement
Mailing Address 926 Dale Street North		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City St. Paul	State MN	Zip Code 55103
Purpose of Disbursement T-Shirts	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="649.92"/>
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="26843.03"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Montana		Transaction ID: SB17.18128 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 152 Arthur Ave SE		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55414-3439	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contract Bonus Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chris Montana		Transaction ID: SB17.18150 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 152 Arthur Ave SE		Amount of Each Disbursement this Period 330.17
City Minneapolis State MN Zip Code 55414-3439	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Cell Phone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Evan Rowe		Transaction ID: SB17.18153 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 5137 Sheridan Ave S		Amount of Each Disbursement this Period 472.04
City Minneapolis State MN Zip Code 55410	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Hotel and Gas Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1802.21
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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Clare Sorman		Transaction ID: SB17.18129 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 3036 Taylor St NE		Amount of Each Disbursement this Period 232.99
City Minneapolis State MN Zip Code 55418	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Party Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amanda Stewart		Transaction ID: SB17.18126 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1937 Freemont Ave S #3		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement November Contract Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Circle		Transaction ID: SB17.18164 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address PO Box 6026		Amount of Each Disbursement this Period 411.00
City Minneapolis State MN Zip Code 55406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1643.99
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Data Bank		Transaction ID: SB17.18049 Date of Disbursement
Mailing Address 800 Washington Ave N #303		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Minneapolis	State MN	Zip Code 55401
Purpose of Disbursement Database Software	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="100.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. The Data Bank		Transaction ID: SB17.18170 Date of Disbursement
Mailing Address 800 Washington Ave N #303		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Minneapolis	State MN	Zip Code 55401
Purpose of Disbursement Database Software	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="607.23"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Trayshana Thomas		Transaction ID: SB17.18058 Date of Disbursement
Mailing Address 417 Forest St		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City St. Paul	State MN	Zip Code 55106
Purpose of Disbursement October Contract	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="600.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1307.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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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<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. Trayshana Thomas Full Name (Last, First, Middle Initial) Trayshana Thomas Mailing Address 417 Forest St City St. Paul State MN Zip Code 55106 Purpose of Disbursement Contract Bonus Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.18136 Date of Disbursement 11 / 10 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Trayshana Thomas Full Name (Last, First, Middle Initial) Trayshana Thomas Mailing Address 417 Forest St City St. Paul State MN Zip Code 55106 Purpose of Disbursement Reimbursement for Parking 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) ▼		Transaction ID: SB17.18171 Date of Disbursement 11 / 27 / 2006 Amount of Each Disbursement this Period 96.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. TIM WALZ FOR US CONGRESS Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS Mailing Address PO BOX 938 City MANKATO State MN Zip Code 56002 Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.18114 Date of Disbursement 11 / 03 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3096.00
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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UDFL		Transaction ID: SB17.18115 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 126 Coffman Union		Amount of Each Disbursement this Period 145.00
City Minneapolis State MN Zip Code 55455	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Space Rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Urban Trends LLC		Transaction ID: SB17.18078 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address PO Box 580531		Amount of Each Disbursement this Period 350.00
City Minneapolis State MN Zip Code 55455	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Vencio		Transaction ID: SB17.18050 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address 244 Fillmore Ave E		Amount of Each Disbursement this Period 791.90
City St. Paul State MN Zip Code 55107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing and Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1286.90
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)

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Vencio		Transaction ID: SB17.18051 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6
Mailing Address 244 Fillmore Ave E		Amount of Each Disbursement this Period 1634.64
City St. Paul State MN Zip Code 55107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing and Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vencio		Transaction ID: SB17.18063 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 244 Fillmore Ave E		Amount of Each Disbursement this Period 1709.51
City St. Paul State MN Zip Code 55107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing and Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shay Weinblatt		Transaction ID: SB17.18162 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 754 Upper Colonial Dr		Amount of Each Disbursement this Period 10121.32
City St. Paul State MN Zip Code 55118	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Travel, Postage, Event	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13465.47
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 131

<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) Larry Weiss		Transaction ID: SB17.18140 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 3952 12th Ave S		Amount of Each Disbursement this Period 535.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55407		
Purpose of Disbursement Reimbursement for Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Winning Connections, Inc.		Transaction ID: SB17.18084 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 317 Pennsylvania Avenue SE 2nd Floor		Amount of Each Disbursement this Period 9042.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Phone Bank Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Winning Connections, Inc.		Transaction ID: SB17.18141 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 317 Pennsylvania Avenue SE 2nd Floor		Amount of Each Disbursement this Period 13170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Phone Bank Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

22748.16

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 131

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anna Wojtanowicz		Transaction ID: SB17.18055 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1134 94th Ave NW		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coon Rapids State MN Zip Code 55433	Purpose of Disbursement October Contract Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Anna Wojtanowicz		Transaction ID: SB17.18064 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1134 94th Ave NW		Amount of Each Disbursement this Period 705.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coon Rapids State MN Zip Code 55433	Purpose of Disbursement Reimbursement for Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Anna Wojtanowicz		Transaction ID: SB17.18117 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 1134 94th Ave NW		Amount of Each Disbursement this Period 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coon Rapids State MN Zip Code 55433	Purpose of Disbursement Reimbursement for Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1822.42
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 131

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

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NAME OF COMMITTEE (In Full)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anna Wojtanowicz		Transaction ID: SB17.18127 Date of Disbursement 11 / 10 / 2006	
Mailing Address 1134 94th Ave NW		Amount of Each Disbursement this Period 254.46	
City Coon Rapids State MN Zip Code 55433	Purpose of Disbursement Reimbursement for Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
Full Name (Last, First, Middle Initial) B. Zurah Shrine Center		Transaction ID: SB17.18143 Date of Disbursement 11 / 14 / 2006	
Mailing Address 2540 Park Ave S		Amount of Each Disbursement this Period 1304.40	
City Minneapolis State MN Zip Code 55404	Purpose of Disbursement Event Space Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ►

1558.86

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

216265.63

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 131

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" 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)
Chuck Chuckuemeka

Mailing Address 966 Tamberwood Alcove

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Returned Check

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20A.18187

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 ELLISON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Holy Land Deli	Nature of Debt (Purpose): Food for Fundraiser
Mailing Address 2513 Central Ave NE	
City State ZIP Code Minneapolis MN 55418	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.18189	
Amount Incurred This Period 822.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 822.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Impact Printing	Nature of Debt (Purpose): Lawn Signs
Mailing Address 1067 Rice Street	
City State ZIP Code St. Paul MN 55117	

Outstanding Balance Beginning This Period 1578.25	Transaction ID: SD10.14259	
Amount Incurred This Period 0.00	Payment This Period 1578.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone Bill
Mailing Address PO Box 173821	
City State ZIP Code Denver CO 80217	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.18186	
Amount Incurred This Period 717.32	Payment This Period 0.00	Outstanding Balance at Close of This Period 717.32

1) SUBTOTALS This Period This Page (optional).....	▶	1539.32
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 113 / 131
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 ELLISON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trocaderos	Nature of Debt (Purpose): Election Party Rental
Mailing Address 107 Third Avenue North	
City State ZIP Code Minneapolis MN 55401	

Outstanding Balance Beginning This Period	Transaction ID: SD10.18184	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
500.00	0.00	500.00

1) SUBTOTALS This Period This Page (optional).....	500.00
2) TOTALS This Period (last page this line number only).....	2039.32
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 27930480712

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200
Transaction ID: **SB17.18047**

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200
Transaction ID: **SB17.18065**

Image# 27930480713

Form/Schedule: **SB17** \$1,256.00, Southwest Journal, 1115 Hennepin Ave, Minneapolis, MN 55403, advertisement.

Transaction ID: **SB17.18130**

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200

Transaction ID: **SB17.18151**

Image# 27930480714

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200
Transaction ID: **SB17.18166**

Form/Schedule: **SB17** 11/01/2007, \$13,000.00, United States Postal Service, Minneapolis, MN 55401, postage.
Transaction ID: **SB17.18087**

Image# 27930480715

Form/Schedule: **SB17** Field Organizing
Transaction ID: **SB17.18062**

Form/Schedule: **SB17** Field Organizing
Transaction ID: **SB17.18169**

Image# 27930480716

Form/Schedule: **SB17** \$400.00, Sprint PCS, PO Box 4191, Carol Stream, IL 60197, cell phone.

Transaction ID: **SB17.18149**

Form/Schedule: **SB17** OfficeMax, 3001 Nicollet Ave, Minneapolis, MN 55408, \$59.84, office supplies.

Transaction ID: **SB17.18145**

Image# 27930480717

Form/Schedule: **SB17** Office work
Transaction ID: **SB17.18105**

Form/Schedule: **SB17** OfficeMax, 3001 Nicollet Ave, Minneapolis, MN 55408, \$19.75, office supplies.
Transaction ID: **SB17.18046**

Image# 27930480718

Form/Schedule: **SB17** Field organizing

Transaction ID: **SB17.18060**

Form/Schedule: **SB17** Field Organizing

Transaction ID: **SB17.18131**

Image# 27930480719

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200
Transaction ID: **SB17.18045**

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200
Transaction ID: **SB17.18116**

Image# 27930480720

Form/Schedule: **SB17** Office management
Transaction ID: **SB17.18146**

Form/Schedule: **SB17** Message development
Transaction ID: **SB17.18135**

Image# 27930480721

Form/Schedule: **SB17** OfficeMax, 3001 Nicollet Ave, Minneapolis, MN 55408, \$19.24, office supplies.

Transaction ID: **SB17.18147**

Form/Schedule: **SB17** \$832.50, Louise Brown, 3121 Portland Ave. S., Minneapolis, MN 55407, salary; \$1,720.88, David Colling, 3057 Tyler Street NE, Minneapolis, MN 55418, salary; \$2,061.50, Bridget Cusick, 5600 Sheridan Ave S, Minneapolis, MN 55410, salary; \$919.20, Jeremy Drucker, 5121 Bryant Avenue S, Minneapolis, MN 55419, salary; \$817.69, Alexandra Ellison, 3331 15th Avenue S, Minneapolis, MN 55407, salary; \$876.85, Mary Kennedy, 3347 15th Ave S, Minneapolis, MN 55407, salary; \$1,076.25, Chris Kirwan, 1616 W. 22nd St, Minneapolis, MN 55405, salary; \$761.71, Shaun Laden, 1602 Madison St. NE, Minneapolis, MN 55418, salary; \$750.50, Batala-Ra McFarlane, 1223 Thomas Ave N, Minneapolis, MN 55411, salary; \$1,449.17, Chris Montana, 152 Arthur Ave SE, Minneapolis, MN 55414, salary; \$890.-60, Clare Sorman, 3036 Taylor St NE, Minneapolis, MN 55418, salary; \$1,118.44, Trayshana Thomas, 417 Forest St, St. Paul, MN 55106, salary; \$1,152.16, Shay Weinblatt, 754 Upper Colonial Dr, Mendota Heights, MN 55118, salary; \$549.48, Anna Wojtanowicz, 1134 94th Ave NW, Coon Rapids, MN 55433, salary; \$5,437.06, IRS, 1111 Constitution Ave NW, Washington, DC 20224, withholding; \$949.00, Minnesota Revenue, 600 N Robert St, St. Paul, MN 55101, withholding; \$40.59, Principal Financial, 711 High St, Des Moines, IA 50392, dental i

Form/Schedule: **SB17** \$832.50, Louise Brown, 3121 Portland Ave. S., Minneapolis, MN 55407, salary; \$1,720.87, David Colling, 3057 Tyler Street NE, Minneapolis, MN 55418, salary; \$919.20, Jeremy Drucker, 5121 Bryant Avenue S, Minneapolis, MN 55419, salary; \$817.71, Alexandra Ellison, 3331 15th Avenue S, Minneapolis, MN 55407, salary; \$876.85, Mary Kennedy, 3347 15th Ave S, Minneapolis, MN 55407, salary; \$761.71, Shaun Laden, 1602 Madison St. NE, Minneapolis, MN 55418, salary; \$750.50, Batala-Ra McFarlane, 1223 Thomas Ave N, Minneapolis, MN 55411, salary; \$1,449.17, Chris Montana, 152 Arthur Ave SE, Minneapolis, MN 55414, salary; \$890.59, Clare Sorman, 3036 Taylor St NE, Minneapolis, MN 55418, salary; \$1,184.70, Trayshana Thomas, 417 Forest St, St. Paul, MN 55106, salary; \$1,152.16, Shay Weinblatt, 754 Upper Colonial Dr, Mendota Heights, MN 55118, salary; \$729.36, Anna Wojtanowicz, 1134 94th Ave NW, Coon Rapids, MN 55433, salary; \$4,097.90, IRS, 1111 Constitution Ave NW, Washington, DC 20224, withholding; \$704.00, Minnesota Revenue, 600 N Robert St, St. Paul, MN 55101, withholding; \$55.23, Blue Cross Minnesota, 3535 Blue Cross Rd, Eagan, MN 55122, health insurance; \$39.40, Department of Labor, 200 Constitution Ave NW, Washington, DC 20210, unemployment compensation; \$764.88, Minnesota Departm

Form/Schedule: **SB17** \$1,720.88, David Colling, 3057 Tyler Street NE, Minneapolis, MN 55418, salary; \$1,158.25, Bridget Cusick, 5600 Sheridan Ave S, Minneapolis, MN 55410, salary; \$1,377.00, Chris Kirwan, 1616 W. 22nd St, Minneapolis, MN 55405, salary; \$890.60, Clare Sorman, 3036 Taylor St NE, Minneapolis, MN 55418, salary; \$1,268.25, Trayshana Thomas, 417 Forest St, St. Paul, MN 55106, salary; \$2,312.28, IRS, 1111 Constitution Ave NW, Washington, DC 20224, withholding; \$394.00, Minnesota Revenue, 600 N Robert St, St. Paul, MN 55101, withholding; \$40.59, Principal Financial, 711 High St, Des Moines, IA 50392, dental insurance; \$24.00, Department of Labor, 200 Constitution Ave NW, Washington, DC 20210, unemployment compensation insurance; \$411.79, Minnesota Department of Employment and Economic Development, 332 Minnesota St. #E200, St. Paul, MN 55101, unemployment compensation insurance.

Image# 27930480723

Form/Schedule: **SB17** Field organizing bonus

Transaction ID: **SB17.18128**

Form/Schedule: **SB17** \$330.17, Sprint PCS, PO Box 4191, Carol Stream, IL 60197, cell phone.

Transaction ID: **SB17.18150**

Image# 27930480724

Form/Schedule: **SB17** \$214.52, Hilton, 3800 American Blvd. East, Bloomington, MN 55425, hotel.

Transaction ID: **SB17.18153**

Form/Schedule: **SB17** OfficeMax, 3001 Nicollet Ave, Minneapolis, MN 55408, \$43.07, office supplies.

Transaction ID: **SB17.18129**

Image# 27930480725

Form/Schedule: **SB17** Event Planning
Transaction ID: **SB17.18126**

Form/Schedule: **SB17** Field Organizing
Transaction ID: **SB17.18058**

Image# 27930480726

Form/Schedule: **SB17** Field Organizing bonus

Transaction ID: **SB17.18136**

Form/Schedule: **SB17** Itemization unnecessary as no aggregate vendor payment exceeded \$200

Transaction ID: **SB17.18171**

Form/Schedule: **SB17** \$319.70, 9/23/2006, Marriott, 400 Renaissance Center, Detroit, MI 48243, hotel for fundraiser; \$1,011.41, 9/19-
Transaction ID: **SB17.18162** /2006, Northwest Airlines, 7500 Airlines Dr, Minneapolis, MN 55450, airfare to Detroit for fundraiser; \$568.38,
9/07/2006, United Airlines, 1200 E. Algonquin Rd., Elk Grove, IL 60007, airfare for Maxine Waters for fundrais-
er; \$362.20, 10/13/2006, Frontier Airlines, 7001 Tower Road, Denver, CO 80249, airfare to California for fundrais-
er; \$362.20, 10/13/2006, Frontier Airlines, 7001 Tower Road, Denver, CO 80249, airfare to California for fundrais-
er; \$390.00, 10/16/2006, US Postal Service, St. Paul, MN 55101, postage; \$1,008.35, Last Minute Getaways,
New York, NY, airfare to Detroit for fundraiser; \$684.25, 9/23/2006, Marriott, 400 Renaissance Center, Detroit,
MI 48243, hotel for fundraiser; \$237.20, 9/23/2006, Southwest Airlines, PO Box 3667, Dallas, TX 75235, airfare
to Florida for fundraiser; \$514.20, 9/21/2006, Northwest Airlines, 7500 Airlines Dr., Minneapolis, MN 55450,
airfare to Florida for fundraiser; \$1,007.41, 9/22/2006, Northwest Airlines, 7500 Airlines Dr., Minneapolis,
MN 55450, airfare to Washington, DC; \$487.00, 11/05/2006, Benjamin Franklin, 3041 Aldrich Ave S, Minneapolis,
MN 55408, plumbing; \$209.79, 10/10/2006, Broadway Pizza, 2025 West River Rd, Minneapolis, MN 55411, party for
volunteers; \$117.00, 11/01/2006,

Form/Schedule: **SB17** \$408.06, Office Max, 3001 Nicollet Ave, Minneapolis, MN 55408, office supplies.
Transaction ID: **SB17.18140**

Image# 27930480728

Form/Schedule: **SB17** Financial assistant

Transaction ID: **SB17.18055**

Form/Schedule: **SB17** \$580.86, The Bean Scene, 2220 West Broadway, Minneapolis, MN 55411, food and event rental. OfficeMax, 3001 Nicollet Ave, Minneapolis, MN 55408, \$100.56, office supplies.
Transaction ID: **SB17.18064**

Image# 27930480729

Form/Schedule: **SB17** \$117.00, US Postal Service, Minneapolis, MN 55419, postage.
Transaction ID: **SB17.18117**

Form/Schedule: **SB17** OfficeMax, 3001 Nicollet Ave, Minneapolis, MN 55408, \$100.52, office supplies.
Transaction ID: **SB17.18127**
