

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

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Ellison for Congress

ADDRESS (number and street)

PO Box 6072

Check if different  
than previously  
reported. (ACC)

Minneapolis

MN

55406

2. FEC IDENTIFICATION NUMBER ▼

C

C00422410

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MN

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Carla Kjellberg

Signature of Treasurer

Carla Kjellberg

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

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

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 282

Write or Type Committee Name

Ellison for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	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))....	348939.57	1546263.39
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1625.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	348939.57	1544638.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	287308.80	1170215.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	3399.00	10167.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	283909.80	1160047.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	196730.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Ellison for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

136868.37

683600.51

(ii) Unitemized.....

163571.20

640718.63

(iii) TOTAL of contributions from individuals ▶

300439.57

1324319.14

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

48500.00

221944.25

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

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

348939.57

1546263.39

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS**

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

3399.00

10167.98

**15. OTHER RECEIPTS**

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

17.47

48.78

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

352356.04

1556480.15

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	287308.80	1170215.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1625.00
21. OTHER DISBURSEMENTS .....	97777.00	302949.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	385085.80	1474789.38

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	229460.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	352356.04
25. SUBTOTAL (add Line 23 and Line 24).....	581816.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	385085.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	196730.52

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 282

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Feisal Abdul Rauf**

Mailing Address **475 Riverside Dr**  
**Ste 248**

City **New York** State **NY** Zip Code **10115-0010**

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

Name of Employer **The Cordoba Initiative** Occupation **Chairman**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

**06** / **04** / **2014**

Transaction ID : **VN8A3CPJ7Y0**

Amount of Each Receipt this Period

**250.00**

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

Mailing Address **7834 Winward Ln**

City **Memphis** State **TN** Zip Code **38119-9112**

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

Name of Employer **Ogletree Deakins** Occupation **Attorney**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

**04** / **14** / **2014**

Transaction ID : **VN8A3CJX3K0**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Raied Abdullah**

Mailing Address **13557 Turnberry Ln**

City **Orland Park** State **IL** Zip Code **60467-1073**

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

Name of Employer **Rush University Medical Center** Occupation **Pediatric Cardiologists**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt

**06** / **06** / **2014**

Transaction ID : **VN8A3CS6SY0**

Amount of Each Receipt this Period

**100.00**

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

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

**600.00**

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Rosalind S Abernathy

A.

Mailing Address 2701 Pickett Rd

Apt 2044

City

Durham

State

NC

Zip Code

27705-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : VN8A3CKDSV8

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Rosalind S Abernathy

B.

Mailing Address 2701 Pickett Rd

Apt 2044

City

Durham

State

NC

Zip Code

27705-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS46W7

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Marie Rose Adams

C.

Mailing Address 6600 Pleasant Ave

Apt 141

City

Richfield

State

MN

Zip Code

55423-2370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPF2C4

Amount of Each Receipt this Period

50.00

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

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

350.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Khwaja Asif Ahmed

Mailing Address 9695 Cutter Ln

City

Lakeland

State

TN

Zip Code

38002-9890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Clinic

Occupation

Physicians

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : VN8A3CJX3Y7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mutahar Ahmed

Mailing Address 212 Forest Ridge Ct

City

Franklin Lakes

State

NJ

Zip Code

07417-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Njcpu

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		25		2014

Transaction ID : VN8A3CNV7Q2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Muzammil Ahmed

Mailing Address 1724 Gorman St

City

Canton

State

MI

Zip Code

48187-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ98Z1

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Nazia Ahmed

A.

Mailing Address 119 Prospect Hill Dr

City

Tewksbury

State

MA

Zip Code

01876-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Translational SciencesOccupation  
Senior Research Associate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCC84

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Kathleen S Ahrens

B.

Mailing Address 4229 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55409-1858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CQJG93

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Jamal Akbar

C.

Mailing Address 1455 S Graham Rd

City

Saginaw

State

MI

Zip Code

48609-9712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Medical CenterOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9A83

Amount of Each Receipt this Period

250.00

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

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

600.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mohammad Masood Akbar**  
Mailing Address 1817 Ridgewood Rd

City State Zip Code  
Orwigsburg PA 17961-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schuylkill Otolaryngology Association

Occupation  
Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 07 2014

**Transaction ID : VN8A3CJJAC2**

Amount of Each Receipt this Period

150.00

**B.** Full Name (Last, First, Middle Initial)  
**Waheed Akbar**  
Mailing Address 580 Golfview Dr

City State Zip Code  
Saginaw MI 48638-5869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A, Self-Employed

Occupation  
Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 12 2014

**Transaction ID : VN8A3CQ9AG6**

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Hossein Akhavi pour**  
Mailing Address 321 Wyndham Cir E

City State Zip Code  
New Brighton MN 55112-3158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamline University

Occupation  
Professor

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 17 2014

**Transaction ID : VN8A3CQJ2K4**

Amount of Each Receipt this Period

250.00

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

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

2400.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 282

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Fahd Al Saghir</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 1303 Porters Ln		<b>Transaction ID : VN8A3CQJPH9</b>	
City Bloomfield Hills	State MI	Zip Code 48302-0943	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Kidney Consultants	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Malaz AlAtassi</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 5045 Charing Cross Rd		<b>Transaction ID : VN8A3CPXC18</b>	
City Bloomfield Hills	State MI	Zip Code 48304-3681	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. John Health System	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Meredith B Alden</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 1156 Kingsley Ct S		<b>Transaction ID : VN8A3CPCV81</b>	
City Saint Paul	State MN	Zip Code 55118-4162	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Rose Ensemble	Occupation Leader		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Meredith B Alden

A.

Mailing Address 1156 Kingsley Ct S

City

Saint Paul

State

MN

Zip Code

55118-4162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Rose EnsembleOccupation  
Leader

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRQYW6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Zubair Ali

B.

Mailing Address 14259 Meridian Xing

City

Granger

State

IN

Zip Code

46530-4285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elkhart GeneralOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CN4EA4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Harold Allen

C.

Mailing Address 431 E 20th St  
Apt 8E

City

New York

State

NY

Zip Code

10010-7510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : VN8A3CKP0A2

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>Harold Allen</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 24 / 2014</b>
Mailing Address <b>431 E 20th St</b> <b>Apt 8E</b>		<b>Transaction ID : VN8A3CR3ST1</b>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10010-7510</b>		Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>300.00</b>
Name of Employer <b>None</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>Debbie S Almontaser</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address <b>719 Westminster Rd</b>		<b>Transaction ID : VN8A3CQ96E3</b>
City <b>Brooklyn</b>	State <b>NY</b>	
Zip Code <b>11230-2401</b>		Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>250.00</b>
Name of Employer <b>NYC Dept. of Education</b>	Occupation <b>Educator</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>Arshad Ameen</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 14 / 2014</b>
Mailing Address <b>4013 Rolling Green Dr</b>		<b>Transaction ID : VN8A3CJX3J2</b>
City <b>Memphis</b>	State <b>TN</b>	
Zip Code <b>38125-2508</b>		Amount of Each Receipt this Period <b>501.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>501.00</b>
Name of Employer <b>VP Buildings</b>	Occupation <b>Structural Engineer</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>501.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>851.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Clifford E. Anderson**

Mailing Address 1408 La Sierra Dr

City Sacramento	State CA	Zip Code 95864-3035
--------------------	-------------	------------------------

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

Name of Employer CSUS Sacramento	Occupation Teacher
-------------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK5RF6

Amount of Each Receipt this Period

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Clifford E. Anderson**

Mailing Address 1408 La Sierra Dr

City Sacramento	State CA	Zip Code 95864-3035
--------------------	-------------	------------------------

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

Name of Employer CSUS Sacramento	Occupation Teacher
-------------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC8D0

Amount of Each Receipt this Period

50.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Clifford E. Anderson**

Mailing Address 1408 La Sierra Dr

City Sacramento	State CA	Zip Code 95864-3035
--------------------	-------------	------------------------

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

Name of Employer CSUS Sacramento	Occupation Teacher
-------------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRQS44

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

150.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**John A Anderson**  
Mailing Address 3018 Zarthan Ave S

City State Zip Code  
St Louis Park MN 55416-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walman Optical Co

Occupation  
Biofeedback

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M / D D / Y Y Y Y  
04 09 2014

Transaction ID : VN8A3CJPRH5

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
**John A Anderson**  
Mailing Address 3018 Zarthan Ave S

City State Zip Code  
St Louis Park MN 55416-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walman Optical Co

Occupation  
Biofeedback

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M / D D / Y Y Y Y  
05 09 2014

Transaction ID : VN8A3CMNZF0

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
**Sally E Anderson**  
Mailing Address 439 N Tomahawk Island Dr

City State Zip Code  
Portland OR 97217-7921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : VN8A3CS46C1

Amount of Each Receipt this Period

100.00

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

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

140.00

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

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

FOR LINE NUMBER:

PAGE 15 OF 282

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Farid Ansari</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		06		2014
M M M	/	D D D	/	Y Y Y Y Y										
04		06		2014										
Mailing Address 978 Plainfield St			<b>Transaction ID : VN8A3CJHAS9</b>											
City	State	Zip Code												
Johnston	RI	02919-6735												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period											
C			25.00											
Name of Employer State of Rhode Island		Occupation Shift Coordinator												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date												
		515.00												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Farid Ansari</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		06		2014
M M M	/	D D D	/	Y Y Y Y Y										
05		06		2014										
Mailing Address 978 Plainfield St			<b>Transaction ID : VN8A3CMEG20</b>											
City	State	Zip Code												
Johnston	RI	02919-6735												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period											
C			25.00											
Name of Employer State of Rhode Island		Occupation Shift Coordinator												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date												
		540.00												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Farid Ansari</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		06		2014
M M M	/	D D D	/	Y Y Y Y Y										
06		06		2014										
Mailing Address 978 Plainfield St			<b>Transaction ID : VN8A3CPSPB5</b>											
City	State	Zip Code												
Johnston	RI	02919-6735												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period											
C			25.00											
Name of Employer State of Rhode Island		Occupation Shift Coordinator												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date												
		565.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....			75.00											
<b>TOTAL</b> This Period (last page this line number only).....														

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Muhammad Anwar

A.

Mailing Address 9606 Andora Valley Cv

City

Germantown

State

TN

Zip Code

38139-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LeMoyne-Owen College

Occupation

Professor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCD43

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Arshad Aquil

B.

Mailing Address 3637 Prairie Creek Ln

City

Saginaw

State

MI

Zip Code

48603-1279

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Physican

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9A18

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Kevin Armstrong

C.

Mailing Address 506 River St  
Apt 35A

City

Minneapolis

State

MN

Zip Code

55401-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pershing Advisor Solutions LLC

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		25		2014

Transaction ID : VN8A3CNV7Z6

Amount of Each Receipt this Period

250.00

1500.00

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

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Barbara Arola

Mailing Address 440 Illinois St

City

Park Forest

State

IL

Zip Code

60466-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR7F16

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Naveed Aslam

Mailing Address 3190 Bloomfield Park Dr

City

West Bloomfield

State

MI

Zip Code

48323-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hematology Oncology Consultants

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : VN8A3CS6TW5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Tanwir Badar

Mailing Address 19707 Sweet Forest Ln

City

Humble

State

TX

Zip Code

77346-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Houston

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWPF7

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>Tanwir Badar</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 17 / 2014</b>
Mailing Address <b>19707 Sweet Forest Ln</b>		<b>Transaction ID : VN8A3CS6VS4</b>
City <b>Humble</b>	State <b>TX</b>	Zip Code <b>77346-2128</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>City of Houston</b>	Occupation <b>Engineer</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>205.00</b>	

Full Name (Last, First, Middle Initial) <b>Tanwir Badar</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address <b>19707 Sweet Forest Ln</b>		<b>Transaction ID : VN8A3CRQBA3</b>
City <b>Humble</b>	State <b>TX</b>	Zip Code <b>77346-2128</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>City of Houston</b>	Occupation <b>Engineer</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>255.00</b>	

Full Name (Last, First, Middle Initial) <b>Virginia H Baker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 23 / 2014</b>
Mailing Address <b>1716 Bath St</b> <b>Apt 3</b>		<b>Transaction ID : VN8A3CQJFW0</b>
City <b>Santa Barbara</b>	State <b>CA</b>	Zip Code <b>93101-2965</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>750.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>Virginia H Baker</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address <b>1716 Bath St</b> <b>Apt 3</b>		<b>Transaction ID : VN8A3CRQAD4</b>
City <b>Santa Barbara</b>	State <b>CA</b>	
Zip Code <b>93101-2965</b>		Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>850.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>850.00</b>	

Full Name (Last, First, Middle Initial) <b>Faustina Balthazar</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>69 Laura Ave</b>		<b>Transaction ID : VN8A3CP3FM0</b>
City <b>Mercerville</b>	State <b>NJ</b>	
Zip Code <b>08619-2021</b>		Amount of Each Receipt this Period <b>750.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>750.00</b>
Name of Employer <b>Glaxo Smith Kline</b>	Occupation <b>Marketing Manager</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>750.00</b>	

Full Name (Last, First, Middle Initial) <b>Sami Baraka</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address <b>1622 Eureka Rd</b>		<b>Transaction ID : VN8A3CQ9941</b>
City <b>Wyandotte</b>	State <b>MI</b>	
Zip Code <b>48192-6104</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>500.00</b>
Name of Employer <b>Self Employed</b>	Occupation <b>Family Medicine Specialist</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

FOR LINE NUMBER:

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(check only one)

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

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

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

Mailing Address **PO Box 701**

City **Chilmark** State **MA** Zip Code **02535-0701**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

**Transaction ID : VN8A3CMWPG5**

Amount of Each Receipt this Period

**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gail C Bates-Yessne**

Mailing Address **22268 Bellevue Ave**

City **Cupertino** State **CA** Zip Code **95014-2703**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

**Transaction ID : VN8A3CMWBG1**

Amount of Each Receipt this Period

**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gail C Bates-Yessne**

Mailing Address **22268 Bellevue Ave**

City **Cupertino** State **CA** Zip Code **95014-2703**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : VN8A3CRREM7**

Amount of Each Receipt this Period

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

<b>200.00</b>
---------------

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

FOR LINE NUMBER:

PAGE 21 OF 282

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Robert B. Benjamin****A.**

Mailing Address 4300 W River Pkwy

Apt 602

City

Minneapolis

State

MN

Zip Code

55406-3682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC2N1

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Robert B. Benjamin****B.**

Mailing Address 4300 W River Pkwy

Apt 602

City

Minneapolis

State

MN

Zip Code

55406-3682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : VN8A3CR0C05

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Ann C Benson****C.**

Mailing Address 3701 Bryant Ave S

Apt 818

City

Minneapolis

State

MN

Zip Code

55409-1091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : VN8A3CMY0W8

Amount of Each Receipt this Period

50.00

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

150.00

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

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

FOR LINE NUMBER:

PAGE 22 OF 282

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**Full Name (Last, First, Middle Initial)  
**A. Joanne G Benson**

Mailing Address 5828 150th St SE

City	State	Zip Code
Prior Lake	MN	55372-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sbp, IncOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : VN8A3CS6XE3

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)  
**B. Kjell A Bergh**

Mailing Address 4950 Neal Ave N

City	State	Zip Code
Stillwater	MN	55082-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Borton Volvo & Borton OverseasOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CN4CT4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. Dale L Berry**

Mailing Address 840 Austin Ave

City	State	Zip Code
Grants	NM	87020-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

293.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC8Q9

Amount of Each Receipt this Period

51.00

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

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

1101.00

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

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

FOR LINE NUMBER:

PAGE 23 OF 282

(check only one)

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

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

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

Mailing Address 840 Austin Ave

City	State	Zip Code
Grants	NM	87020-3307

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2014

Transaction ID : VN8A3CR3ER2

Amount of Each Receipt this Period

32.00
-------

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

Mailing Address 2560 Hill Cir

City	State	Zip Code
Colorado Springs	CO	80904-1111

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

Name of Employer	Occupation
Self-Employed	Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : VN8A3CJC7D9

Amount of Each Receipt this Period

100.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Esther Beynon**

Mailing Address 2560 Hill Cir

City	State	Zip Code
Colorado Springs	CO	80904-1111

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

Name of Employer	Occupation
Self-Employed	Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWC15

Amount of Each Receipt this Period

500.00
--------

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

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

632.00
--------

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

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

FOR LINE NUMBER:

PAGE 24 OF 282

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Owen Bieber

A.

Mailing Address 901 Amber Ridge Dr SW

City

Byron Center

State

MI

Zip Code

49315-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP5A3

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Owen Bieber

B.

Mailing Address 901 Amber Ridge Dr SW

City

Byron Center

State

MI

Zip Code

49315-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : VN8A3CR3968

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

Owen Bieber

C.

Mailing Address 901 Amber Ridge Dr SW

City

Byron Center

State

MI

Zip Code

49315-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR7GS6

Amount of Each Receipt this Period

50.00

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

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

135.00



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

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

FOR LINE NUMBER:

PAGE 25 OF 282

(check only one)

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

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

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

Mailing Address 2345 Sumter Ave S

City State Zip Code  
 Saint Louis Park MN 55426-2516

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

Name of Employer Occupation  
 N/A Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKHY15

Amount of Each Receipt this Period

125.00
--------

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

Mailing Address 3839 Hart Blvd  
 Apt 313

City State Zip Code  
 Minneapolis MN 55421

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 670.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPCVJ0

Amount of Each Receipt this Period

100.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Jane R Blanch**

Mailing Address 644 Indian Mound St

City State Zip Code  
 Wayzata MN 55391-1709

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

Name of Employer Occupation  
 Self-Employed Business

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC3M4

Amount of Each Receipt this Period

150.00
--------

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

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

375.00
--------

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

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

FOR LINE NUMBER:

PAGE 26 OF 282

(check only one)

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

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

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

Mailing Address 32111 Eastlady Dr

City State Zip Code  
 Beverly Hills MI 48025-3738

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 285.00

Date of Receipt

M M	D D	Y Y Y Y
06	13	2014

Transaction ID : VN8A3CS6V56

Amount of Each Receipt this Period

75.00
-------

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

Mailing Address 23 Vicente Rd

City State Zip Code  
 Berkeley CA 94705-1603

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

Name of Employer Occupation  
 Blume Capital Inv. Adv.

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 319.50

Date of Receipt

M M	D D	Y Y Y Y
03	27	2014

Transaction ID : VN8A3CJPTY1

Amount of Each Receipt this Period

100.00
--------

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 33106

City State Zip Code  
 Washington DC 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation  
 Conduit total listed in Agg. field

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 310.00

Date of Receipt

M M	D D	Y Y Y Y
04	09	2014

Transaction ID : VN8A3CJPTY1E

Amount of Each Receipt this Period

100.00
--------

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

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

175.00
--------

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Cleo J. Bohne**

Mailing Address 516 4th St N

City

New Ulm

State

MN

Zip Code

56073-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKHYV0

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Syed S Bokhari**

Mailing Address 6 Heather HI

City

Bourbonnais

State

IL

Zip Code

60914-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Digestive Diseases Consultants

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : VN8A3CKYB67

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Judy Bonior**Mailing Address 1000 New Jersey Ave SE  
Apt 1107

City

Washington

State

DC

Zip Code

20003-3374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : VN8A3CMH3J4

Amount of Each Receipt this Period

500.00

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

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

800.00

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

FOR LINE NUMBER:

PAGE 28 OF 282

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Thomas H Borman Esq**

Mailing Address 100 3rd Ave S

Unit 3701

City

Minneapolis

State

MN

Zip Code

55401-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maslon Edelman Borman &amp; Brand, LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2014

Transaction ID : VN8A3CMEXE2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Marilyn L Bowman**

Mailing Address 1424 Fruit Ave NW

City

Albuquerque

State

NM

Zip Code

87104-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : VN8A3CMMG61

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Elizabeth C Brackett**

Mailing Address 1221 Russell Ave N

City

Minneapolis

State

MN

Zip Code

55411-3661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthPartners

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2014

Transaction ID : VN8A3CRXTH9

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

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

800.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 282

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

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

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 382110		Transaction ID : VN8A3CRXTH9E
City Cambridge	State MA	
Zip Code 02238-2110		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Name of Employer	Occupation Conduit total listed in Agg. field	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14251.09	

Full Name (Last, First, Middle Initial) <b>Thomas Braun</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 2720 W 43rd St		Transaction ID : VN8A3CKY9C9
City Minneapolis	State MN	
Zip Code 55410-1643		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wild Rumpus Books	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Tom C Braun</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2720 W 43rd St Apt 300		Transaction ID : VN8A3CRXQZ1
City Minneapolis	State MN	
Zip Code 55410-1643		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer Wild Rumpus Books	Occupation Bookseller	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXQZ1E

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**James Brewer**Mailing Address 18 Pond St  
Apt 16

City

Jamaica Plain

State

MA

Zip Code

02130-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Childrens Hospital

Imaging Assistant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2014

Transaction ID : VN8A3CK59B3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**James Brewer**Mailing Address 18 Pond St  
Apt 16

City

Jamaica Plain

State

MA

Zip Code

02130-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Childrens Hospital

Imaging Assistant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWHB6

Amount of Each Receipt this Period

50.00

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

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

150.00

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Jeffrey Brooks**

Mailing Address 3716 39th Ave S

City

Minneapolis

State

MN

Zip Code

55406-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Murphy Warehouse Co.

Occupation

Truck Driver

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKHYG3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Barbara A Brown**

Mailing Address 3802 E Elm Ln

City

Oshkosh

State

WI

Zip Code

54902-7366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS5B71

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Phyllis J. Bruce**Mailing Address 6615 Lake Shore Dr S  
Apt 717

City

Richfield

State

MN

Zip Code

55423-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : VN8A3CMMEM6

Amount of Each Receipt this Period

30.00

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

230.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Francis Buer

A.

Mailing Address 1161 Highway 75 N

City

Canby

State

MN

Zip Code

56220-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKSVV6

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

Francis Buer

B.

Mailing Address 1161 Highway 75 N

City

Canby

State

MN

Zip Code

56220-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2014

Transaction ID : VN8A3CS6TH8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

Mary Lou Burdick

C.

Mailing Address 45 University Ave SE  
Unit 405

City

Minneapolis

State

MN

Zip Code

55414-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXZ60

Amount of Each Receipt this Period

100.00

\* Earmarked Contribution: See Below

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

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

165.00



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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**ActBlue****A.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : VN8A3CRXZ60E**

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**David Burley****B.**

Mailing Address 1011 W 36th St

City

Minneapolis

State

MN

Zip Code

55408-4027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Plate Restaurant Company

Occupation

Restaurateur

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

**Transaction ID : VN8A3CKNDC7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Bill Burns****C.**

Mailing Address 3332 Minnesota Ave

City

Duluth

State

MN

Zip Code

55802-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hanft Fride Law Firm

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : VN8A3CS6XP4**

Amount of Each Receipt this Period

300.00

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

550.00

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

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

FOR LINE NUMBER:

PAGE 34 OF 282

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Burns</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 1137 N 1800 East Rd		Transaction ID : VN8A3CNGBN9	
City Shelbyville	State IL		Zip Code 62565-4445
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 30.00
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		

Full Name (Last, First, Middle Initial) <b>B. Sheryl Butrymowicz</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 2830 Aquila Ave S		Transaction ID : VN8A3CJKM99	
City Saint Louis Park	State MN		Zip Code 55426-2952
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Forensic Accountant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mazhar M Butt</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 330 Meadowood Ln		Transaction ID : VN8A3CKKRX8	
City Carbondale	State IL		Zip Code 62901-1962
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00
Name of Employer Butt Family Dental Center	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Mazhar M Butt</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		13		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
05		13		2014									
<b>Mailing Address</b> 330 Meadowood Ln		<b>Transaction ID : VN8A3CMWDX9</b>											
<b>City</b> Carbondale	<b>State</b> IL	<b>Zip Code</b> 62901-1962	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>						50.00				
					50.00								
<b>FEC ID number of contributing federal political committee.</b>		<table border="1"> <tr> <td>C</td> <td colspan="5"></td> </tr> </table>		C									
C													
<b>Name of Employer</b> Butt Family Dental Center	<b>Occupation</b> Dentist												
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>							250.00					
					250.00								
<b>B. Full Name (Last, First, Middle Initial)</b> <b>Muriel Cahn</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		29		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
04		29		2014									
<b>Mailing Address</b> 521 E Orange Grove Ave Apt E		<b>Transaction ID : VN8A3CMMGD6</b>											
<b>City</b> Burbank	<b>State</b> CA	<b>Zip Code</b> 91501-2809	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>						50.00				
					50.00								
<b>FEC ID number of contributing federal political committee.</b>		<table border="1"> <tr> <td>C</td> <td colspan="5"></td> </tr> </table>		C									
C													
<b>Name of Employer</b> Retired	<b>Occupation</b> Retired												
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="5"></td> <td>400.00</td> </tr> </table>							400.00					
					400.00								
<b>C. Full Name (Last, First, Middle Initial)</b> <b>Musa Celik</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		03		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
06		03		2014									
<b>Mailing Address</b> 32 Conger St		<b>Transaction ID : VN8A3CPF4K2</b>											
<b>City</b> Staten Island	<b>State</b> NY	<b>Zip Code</b> 10305-4506	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>						250.00				
					250.00								
<b>FEC ID number of contributing federal political committee.</b>		<table border="1"> <tr> <td>C</td> <td colspan="5"></td> </tr> </table>		C									
C													
<b>Name of Employer</b> Vintage Food Corp.	<b>Occupation</b> General Manager												
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>							250.00					
					250.00								
<b>SUBTOTAL of Receipts This Page (optional) .....</b>		<table border="1"> <tr> <td colspan="5"></td> <td>350.00</td> </tr> </table>							350.00				
					350.00								
<b>TOTAL This Period (last page this line number only) .....</b>		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Carolyn Chalmers</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 4148 Edmund Blvd		<b>Transaction ID : VN8A3CKSO3F3</b>	
City Minneapolis	State MN	Zip Code 55406-3646	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Minnesota	Occupation Mediator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Wilbur Chase</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 9629 Old Spring Rd		<b>Transaction ID : VN8A3CJCMK4</b>	
City Kensington	State MD	Zip Code 20895-3125	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jerry Clark</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 1939 Calvert St NW		<b>Transaction ID : VN8A3CQJBQ5</b>	
City Washington	State DC	Zip Code 20009-1501	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation benefits consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 221.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1125.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Neil Clark</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		02		2014
M M	/	D D	/	Y Y Y Y								
06		02		2014								
Mailing Address <b>6711 Lake Shore Dr S</b> <b>Apt 1204</b>		<b>Transaction ID : VN8A3CPC3C1</b>										
City <b>Richfield</b>	State <b>MN</b>											
Zip Code <b>55423-5307</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>55.00</td> </tr> </table>					55.00					
				55.00								
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>270.00</td> </tr> </table>					270.00					
				270.00								
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>270.00</td> </tr> </table>					270.00						
				270.00								

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Eileen F Collard</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		04		2014
M M	/	D D	/	Y Y Y Y								
05		04		2014								
Mailing Address <b>4412 47th Ave S</b>		<b>Transaction ID : VN8A3CMB9F6</b>										
City <b>Minneapolis</b>	State <b>MN</b>											
Zip Code <b>55406-3623</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>					50.00					
				50.00								
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>750.00</td> </tr> </table>					750.00					
				750.00								
Name of Employer <b>none</b>	Occupation <b>retired</b>											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>750.00</td> </tr> </table>					750.00						
				750.00								

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Rita Collins</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		15		2014
M M	/	D D	/	Y Y Y Y								
04		15		2014								
Mailing Address <b>645 Q St NW</b>		<b>Transaction ID : VN8A3CJY8B6</b>										
City <b>Washington</b>	State <b>DC</b>											
Zip Code <b>20001-3406</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>15.00</td> </tr> </table>					15.00					
				15.00								
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>185.00</td> </tr> </table>					185.00					
				185.00								
Name of Employer <b>Medstar Washington Hospital Center</b>	Occupation <b>RN</b>											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>185.00</td> </tr> </table>					185.00						
				185.00								

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="4"></td> <td>120.00</td> </tr> </table>					120.00
				120.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>					

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Rita Collins</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 645 Q St NW		<b>Transaction ID : VN8A3CMZT25</b>	
City Washington	State DC	Zip Code 20001-3406	Amount of Each Receipt this Period _____ 15.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Medstar Washington Hospital Center	Occupation RN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 200.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Rita Collins</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2014	
Mailing Address 645 Q St NW		<b>Transaction ID : VN8A3CQEWA4</b>	
City Washington	State DC	Zip Code 20001-3406	Amount of Each Receipt this Period _____ 15.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Medstar Washington Hospital Center	Occupation RN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 215.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Rita Collins</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 645 Q St NW		<b>Transaction ID : VN8A3CRXT38</b>	
City Washington	State DC	Zip Code 20001-3406	Amount of Each Receipt this Period _____ 10.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Medstar Washington Hospital Center	Occupation RN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 40.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXT38E

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Shirley A Conn**Mailing Address 4636 Cedar Lake Rd S  
Apt 3

City

Minneapolis

State

MN

Zip Code

55416-3770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP7B4

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**Catherine Coult**Mailing Address 4300 W River Pkwy  
Apt 602

City

Minneapolis

State

MN

Zip Code

55406-3682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : VN8A3CN35A7

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Catherine Coult</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4300 W River Pkwy Apt 602		Transaction ID : VN8A3CRXYD3
City Minneapolis	State MN	
Zip Code 55406-3682		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 382110		Transaction ID : VN8A3CRXYD3E
City Cambridge	State MA	
Zip Code 02238-2110		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Name of Employer	Occupation Conduit total listed in Agg. field	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14251.09	

Full Name (Last, First, Middle Initial) <b>C. Hans Courant</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 531 Curfew St		Transaction ID : VN8A3CN3413
City Saint Paul	State MN	
Zip Code 55104-4912		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer University of Minnesota	Occupation Professor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address 3067 W Outer Dr

City State Zip Code  
 Detroit MI 48221-1753

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

Name of Employer Occupation  
 Jerry L. White Ctr High School Building Representative

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 21 2014

Transaction ID : VN8A3CKCD35

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Leo Michael Daly**

Mailing Address 100 3rd Ave S  
 Unit 1904

City State Zip Code  
 Minneapolis MN 55401-2715

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

Name of Employer Occupation  
 Self Architect

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 28 2014

Transaction ID : VN8A3CKS1M5

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Daniels**

Mailing Address 117 Portland Ave  
 Apt 409

City State Zip Code  
 Minneapolis MN 55401-2582

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 210.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 02 2014

Transaction ID : VN8A3CQJD22

Amount of Each Receipt this Period

30.00

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

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

480.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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

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

Mailing Address 117 Portland Ave  
Apt 409

City Minneapolis State MN Zip Code 55401-2582

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : VN8A3CS6SA2

Amount of Each Receipt this Period

30.00

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

Mailing Address 117 Portland Ave  
Apt 409

City Minneapolis State MN Zip Code 55401-2582

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS6SC8

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
**Pat Davies**

Mailing Address 1201 Yale Pl  
Apt 2004

City Minneapolis State MN Zip Code 55403-1961

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKS1D0

Amount of Each Receipt this Period

250.00

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

310.00
--------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**Full Name (Last, First, Middle Initial)  
**A. Barb Davis**

Mailing Address 1737 Irving Ave S

City	State	Zip Code
Minneapolis	MN	55403-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker BurnetOccupation  
Real Estate Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : VN8A3CKFX09

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. William F Davnie III**Mailing Address 100 3rd Ave S  
Unit 2805

City	State	Zip Code
Minneapolis	MN	55401-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKHYN3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**C. Bruce B Dayton**

Mailing Address 900 Old Long Lake Rd

City	State	Zip Code
Wayzata	MN	55391-9688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKSVQ5

Amount of Each Receipt this Period

1000.00

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mary Charlotte Decker**

Mailing Address **PO Box 1307**

City **Jacksonville** State **TX** Zip Code **75766-1307**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

**Transaction ID : VN8A3CM7VY1**

Amount of Each Receipt this Period

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Joel S Deegan**

Mailing Address **11 Waverly Pl  
Apt 10M**

City **New York** State **NY** Zip Code **10003-6756**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : VN8A3CRQM93**

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Ron E Deharpporte**

Mailing Address **7021 Weston Cir**

City **Edina** State **MN** Zip Code **55439-1954**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : VN8A3CKS420**

Amount of Each Receipt this Period

250.00
--------

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

600.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial) <b>Eve Deikel</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 11 / 2014</b>
Mailing Address <b>1485 Waterford Dr</b>		<b>Transaction ID : VN8A3CMMED1</b>
City <b>Golden Valley</b>	State <b>MN</b>	Zip Code <b>55422-4274</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>Eve Events</b>	Occupation <b>Owner</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>400.00</b>	

Full Name (Last, First, Middle Initial) <b>Eve Deikel</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>1485 Waterford Dr</b>		<b>Transaction ID : VN8A3CQJE83</b>
City <b>Golden Valley</b>	State <b>MN</b>	Zip Code <b>55422-4274</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>Eve Events</b>	Occupation <b>Owner</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>Eve Deikel</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 13 / 2014</b>
Mailing Address <b>1485 Waterford Dr</b>		<b>Transaction ID : VN8A3CS6V31</b>
City <b>Golden Valley</b>	State <b>MN</b>	Zip Code <b>55422-4274</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>Eve Events</b>	Occupation <b>Owner</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Halil Ibrahim Demir

A.

Mailing Address 13731 92nd Ave

City

Orland Park

State

IL

Zip Code

60462-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zakat Fdn. Of America

Occupation

Educator

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPF5R5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Kenneth Diamondstone

B.

Mailing Address 200 Clinton St  
Apt 5K

City

Brooklyn

State

NY

Zip Code

11201-5632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Low &amp; Moderate Income Housing

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWPH4

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Kenneth Diamondstone

C.

Mailing Address 200 Clinton St  
Apt 5K

City

Brooklyn

State

NY

Zip Code

11201-5632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Low &amp; Moderate Income Housing

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS48S9

Amount of Each Receipt this Period

200.00

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

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

650.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Tameez U D Din**

Mailing Address 9134 Randle Valley Dr

City

Cordova

State

TN

Zip Code

38018-7710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kidney Care CenterOccupation  
Doctor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCAW6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**James Dingus**Mailing Address 20600 Chagrin Blvd  
Ste 701

City

Shaker Heights

State

OH

Zip Code

44122-5341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

201.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRVVD3

Amount of Each Receipt this Period

35.37

Full Name (Last, First, Middle Initial)

**Ted Dooley**Mailing Address 614 Grand Ave  
# 3F

City

Saint Paul

State

MN

Zip Code

55102-5613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : VN8A3CQVKZ5

Amount of Each Receipt this Period

1000.00

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

1285.37

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Kelly Jerome Doran</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 7803 Glenroy Rd Ste 200		<b>Transaction ID : VN8A3CK3Z6</b>	
City Minneapolis	State MN	Zip Code 55439-3126	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5100.00	
Name of Employer Doran Companies	Occupation Real Estate Investor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Vesta Downer</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 509 Hillwood Ave		<b>Transaction ID : VN8A3CKE3S4</b>	
City Falls Church	State VA	Zip Code 22042-2412	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Vesta Downer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 509 Hillwood Ave		<b>Transaction ID : VN8A3CRB5H0</b>	
City Falls Church	State VA	Zip Code 22042-2412	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2800.00	
<b>TOTAL</b> This Period (last page this line number only).....			



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

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

FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>William E. Dufford</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 101 S Edisto Ave		<b>Transaction ID : VN8A3CRVPN4</b>	
City Columbia	State SC	Zip Code 29205-3301	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Alice H Duncan</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 4300 W River Pkwy Apt 505		<b>Transaction ID : VN8A3CJC544</b>	
City Minneapolis	State MN	Zip Code 55406-3681	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Alice H Duncan</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 4300 W River Pkwy Apt 505		<b>Transaction ID : VN8A3CMXV07</b>	
City Minneapolis	State MN	Zip Code 55406-3681	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Otto Eckhardt**

Mailing Address 35 NE Lombard St

City

Portland

State

OR

Zip Code

97211-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : VN8A3CJC6B0

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Patrice Eddy**Mailing Address 1707 Stevens Ave  
Apt 106

City

Minneapolis

State

MN

Zip Code

55403-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hennepin County

Occupation

Lawyer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : VN8A3CM1E33

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Patrice Eddy**Mailing Address 1707 Stevens Ave  
Apt 106

City

Minneapolis

State

MN

Zip Code

55403-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hennepin County

Occupation

Lawyer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2014

Transaction ID : VN8A3CP78F5

Amount of Each Receipt this Period

100.00

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

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

250.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Patrice Eddy

A.

Mailing Address 1707 Stevens Ave

Apt 106

City

Minneapolis

State

MN

Zip Code

55403-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hennepin County

Occupation

Lawyer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRPN07

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Louise M Eichelberger

B.

Mailing Address 1800 Emerald Trl SE

City

Willmar

State

MN

Zip Code

56201-4696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : VN8A3CMMF34

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Louise M Eichelberger

C.

Mailing Address 1800 Emerald Trl SE

City

Willmar

State

MN

Zip Code

56201-4696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS6XH5

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>Kenneth Ellis</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		19		2014
M M	/	D D	/	Y Y Y Y								
05		19		2014								
Mailing Address 3809 Pilgram Dr		Transaction ID : VN8A3CNBQT3										
City Killeen	State TX		Zip Code 76543-5265									
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>												
Name of Employer Austin Gastroenterology	Occupation Physician											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">35.00</div> </div>										
Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">175.00</div> </div>												

Full Name (Last, First, Middle Initial) <b>Kenneth Ellis</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		24		2014
M M	/	D D	/	Y Y Y Y								
06		24		2014								
Mailing Address 3809 Pilgram Dr		Transaction ID : VN8A3CR3RA4										
City Killeen	State TX		Zip Code 76543-5265									
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>												
Name of Employer Austin Gastroenterology	Occupation Physician											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">35.00</div> </div>										
Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">210.00</div> </div>												

Full Name (Last, First, Middle Initial) <b>Alberta L Endres</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		17		2014
M M	/	D D	/	Y Y Y Y								
04		17		2014								
Mailing Address 307 River St Apt 20		Transaction ID : VN8A3CK56K9										
City Black River Falls	State WI		Zip Code 54615-1465									
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>												
Name of Employer N/A	Occupation Retired											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">35.00</div> </div>										
Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">175.00</div> </div>												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;"> <div style="float: right;">105.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px;"> <div style="float: right;"></div> </div>

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Alberta L Endres**

Mailing Address 307 River St  
 Apt 20

City	State	Zip Code
Black River Falls	WI	54615-1465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR7PY8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**Nancy B Engel**

Mailing Address 2027 Lenwood Dr SW

City	State	Zip Code
Rochester	MN	55902-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS4885

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Mike Erlandson**

Mailing Address 2809 E Lake Of The Isles Pkwy

City	State	Zip Code
Minneapolis	MN	55408-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Aurora Strategic Advisors

Occupation  
 Public Affairs

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : VN8A3CRXTD7

Amount of Each Receipt this Period

1000.00

\* Earmarked Contribution: See Below

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

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

1135.00

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXTD7E

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Paul Estrin**Mailing Address 10511 Cedar Lake Rd  
Apt 418

City

Minnetonka

State

MN

Zip Code

55305-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : VN8A3CJCGX3

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**Paul Estrin**Mailing Address 10511 Cedar Lake Rd  
Apt 418

City

Minnetonka

State

MN

Zip Code

55305-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : VN8A3CNBP63

Amount of Each Receipt this Period

35.00

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

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

70.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Paul Estrin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 10511 Cedar Lake Rd Apt 418		<b>Transaction ID : VN8A3CQVFT6</b>	
City Minnetonka	State MN	Zip Code 55305-3340	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 385.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Virgil F Fairbanks</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 620 Columbia Ct NE		<b>Transaction ID : VN8A3CJJAP1</b>	
City Rochester	State MN	Zip Code 55906-4257	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Virgil F Fairbanks</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 620 Columbia Ct NE		<b>Transaction ID : VN8A3CRQYN0</b>	
City Rochester	State MN	Zip Code 55906-4257	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		235.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Edward L Farmer**

Mailing Address 147 Cecil St SE

City

Minneapolis

State

MN

Zip Code

55414-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKMBS8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Edward Farmilant**

Mailing Address 2350 E Elm St

City

Tucson

State

AZ

Zip Code

85719-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Applicable

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

292.86

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : VN8A3CRXSP6

Amount of Each Receipt this Period

100.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXSP6E

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

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

600.00



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

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

FOR LINE NUMBER:

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(check only one)

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

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

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

Mailing Address 2350 E Elm St

City Tucson	State AZ	Zip Code 85719-4333
----------------	-------------	------------------------

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

Name of Employer Not Applicable	Occupation Retired
------------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 292.86

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : VN8A3CRXV71

Amount of Each Receipt this Period

50.00
-------

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

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

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 14251.09

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRXV71E

Amount of Each Receipt this Period

50.00
-------

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

Mailing Address 9606 Andora Valley Cv

City Germantown	State TN	Zip Code 38139-5525
--------------------	-------------	------------------------

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

Name of Employer Saint Francis Medical Partners	Occupation Family Medicine Doctor
--	--------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : VN8A3CKCD69

Amount of Each Receipt this Period

250.00
--------

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

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

300.00
--------

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

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

FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Umer Farooq</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		21		2014
M M	/	D D	/	Y Y Y Y									
04		21		2014									
Mailing Address 1530 Grove Rdg Apt 104		<b>Transaction ID : VN8A3CKCCX7</b>											
City Germantown	State TN	Zip Code 38138-3346											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer Knights Medical Associates	Occupation Doctor- Internal Medicine												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert A. Flaten</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		09		2014
M M	/	D D	/	Y Y Y Y									
05		09		2014									
Mailing Address 5008 90th St E		<b>Transaction ID : VN8A3CMP469</b>											
City Northfield	State MN	Zip Code 55057-4349											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>100.00</div>											
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>600.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Maralyn A Flinger</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		04		2014
M M	/	D D	/	Y Y Y Y									
04		04		2014									
Mailing Address 121 Cliff Ct		<b>Transaction ID : VN8A3CJC7F5</b>											
City North Mankato	State MN	Zip Code 56003-3303											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>50.00</div>											
Name of Employer NA	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>200.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>650.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 282

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

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

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

Mailing Address 121 Cliff Ct

City North Mankato State MN Zip Code 56003-3303

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKYVZ7

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
**Maralyn A Flinger**

Mailing Address 121 Cliff Ct

City North Mankato State MN Zip Code 56003-3303

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNX0C5

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce A Flint**

Mailing Address 3 Pine Creek Pl

City Texarkana State TX Zip Code 75503-1711

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

Name of Employer self Occupation lawyer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : VN8A3CNGRF8

Amount of Each Receipt this Period

100.00

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

200.00

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

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

FOR LINE NUMBER:

PAGE 60 OF 282

(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Susan Guion Flygare**

Mailing Address 5322 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : VN8A3CKE753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Peter A Fog**

Mailing Address 204 11th Ave NE

City

Waseca

State

MN

Zip Code

56093-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRPPF8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Elisabeth E Foliard**Mailing Address 110 Bank St SE  
Apt 2503

City

Minneapolis

State

MN

Zip Code

55414-3907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategy Partners

Occupation

Partner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : VN8A3CK7Y15

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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

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(check only one)

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☒ 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)  
**Barbara R. Ford**

Mailing Address 839 River Mews Ct

City State Zip Code  
Minneapolis MN 55414-3636

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
185.00

Date of Receipt

M M / D D / Y Y Y Y  
04 25 2014

Transaction ID : VN8A3CMMDV0

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara R. Ford**

Mailing Address 839 River Mews Ct

City State Zip Code  
Minneapolis MN 55414-3636

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
195.00

Date of Receipt

M M / D D / Y Y Y Y  
06 01 2014

Transaction ID : VN8A3CS6R76

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara R. Ford**

Mailing Address 839 River Mews Ct

City State Zip Code  
Minneapolis MN 55414-3636

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
207.00

Date of Receipt

M M / D D / Y Y Y Y  
06 27 2014

Transaction ID : VN8A3CS6R84

Amount of Each Receipt this Period

12.00

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

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

32.00

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

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

FOR LINE NUMBER:

PAGE 62 OF 282

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Louise Forster</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 22 / 2014</b>
Mailing Address <b>901 S 2nd St</b> <b>Unit 603</b>		<b>Transaction ID : VN8A3CKE7Q5</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55415-2119</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	Refunded \$920 7/3
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>6120.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Carol J Freeman</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 17 / 2014</b>
Mailing Address <b>3237 Lyndale Ave S</b>		<b>Transaction ID : VN8A3CK4HP9</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55408-3786</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Retired</b>	Occupation <b>retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Carol J Freeman</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 17 / 2014</b>
Mailing Address <b>3237 Lyndale Ave S</b>		<b>Transaction ID : VN8A3CRG4E5</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55408-3786</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Retired</b>	Occupation <b>retired</b>	* Earmarked Contribution: See Below
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>950.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**ActBlue**

**A.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M / D D / Y Y Y Y  
06 / 22 / 2014

**Transaction ID : VN8A3CRG4E5E**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Carol J Freeman**

**B.**

Mailing Address 3237 Lyndale Ave S

City

Minneapolis

State

MN

Zip Code

55408-3786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : VN8A3CRXYV3**

Amount of Each Receipt this Period

200.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ActBlue**

**C.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : VN8A3CRXYV3E**

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

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

200.00

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

FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jane Freeman</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y									
06		30		2014									
Mailing Address 3701 Bryant Ave S Apt 802		<b>Transaction ID : VN8A3CS6XY8</b>											
City Minneapolis	State MN	Zip Code 55409-1091	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>					250.00					
				250.00									
FEC ID number of contributing federal political committee. C													
Name of Employer N/A	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>							250.00					
				250.00									

<b>B.</b> Full Name (Last, First, Middle Initial) <b>James Friend</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		16		2014
M M	/	D D	/	Y Y Y Y									
04		16		2014									
Mailing Address 1223 Holly Ave N		<b>Transaction ID : VN8A3CK5SA0</b>											
City Oakdale	State MN	Zip Code 55128-6027	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>					50.00					
				50.00									
FEC ID number of contributing federal political committee. C													
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>275.00</td> </tr> </table>							275.00					
				275.00									

<b>C.</b> Full Name (Last, First, Middle Initial) <b>James Friend</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		09		2014
M M	/	D D	/	Y Y Y Y									
05		09		2014									
Mailing Address 1223 Holly Ave N		<b>Transaction ID : VN8A3CMP3G5</b>											
City Oakdale	State MN	Zip Code 55128-6027	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>					50.00					
				50.00									
FEC ID number of contributing federal political committee. C													
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>325.00</td> </tr> </table>							325.00					
				325.00									

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="4"></td> <td>350.00</td> </tr> </table>					350.00
				350.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>					



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>James Friend</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 25 / 2014</b>
Mailing Address <b>1223 Holly Ave N</b>		<b>Transaction ID : VN8A3CR71F5</b>
City <b>Oakdale</b>	State <b>MN</b>	Zip Code <b>55128-6027</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>375.00</b>	

Full Name (Last, First, Middle Initial) <b>Omar Gaya</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 08 / 2014</b>
Mailing Address <b>225 E 85th St</b> <b>Apt 1501</b>		<b>Transaction ID : VN8A3CPXES1</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10028-3002</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Regeneron Pharmaceuticals</b>	Occupation <b>Strategy</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>Ali Giarushi</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 24 / 2014</b>
Mailing Address <b>7925 24th St N</b>		<b>Transaction ID : VN8A3CKHYX4</b>
City <b>Oakdale</b>	State <b>MN</b>	Zip Code <b>55128-5129</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Real Estate Masters</b>	Occupation <b>Realtor</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial) <b>Earl W Giddings</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>612 N Webster Cir E</b>		<b>Transaction ID : VN8A3PCDR6</b>
City <b>Kankakee</b>	State <b>IL</b>	Zip Code <b>60901-2752</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>235.00</b>	

Full Name (Last, First, Middle Initial) <b>Earl W Giddings</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 24 / 2014</b>
Mailing Address <b>612 N Webster Cir E</b>		<b>Transaction ID : VN8A3CR39M9</b>
City <b>Kankakee</b>	State <b>IL</b>	Zip Code <b>60901-2752</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>260.00</b>	

Full Name (Last, First, Middle Initial) <b>Priscilla Gilman</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 13 / 2014</b>
Mailing Address <b>4537 Deer Run</b>		<b>Transaction ID : VN8A3CMWRQ3</b>
City <b>Evans</b>	State <b>GA</b>	Zip Code <b>30809-4445</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Physician</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>240.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Eli Glatstein

A.

Mailing Address 220 W Rittenhouse Sq

Apt 12D

City

Philadelphia

State

PA

Zip Code

19103-6842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U of Penn

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : VN8A3CJCMJ6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Eli Glatstein

B.

Mailing Address 220 W Rittenhouse Sq

Apt 12D

City

Philadelphia

State

PA

Zip Code

19103-6842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U of Penn

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : VN8A3CPJ1H4

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Ann Goldberg

C.

Mailing Address 3656 Alta Mesa Dr

City

Studio City

State

CA

Zip Code

91604-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : VN8A3CPHZ38

Amount of Each Receipt this Period

100.00

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

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

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

Mailing Address 122 1/2 Pacific St

City Santa Monica	State CA	Zip Code 90405-2212
----------------------	-------------	------------------------

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

Name of Employer none	Occupation not employed
--------------------------	----------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : VN8A3CMMGC8

Amount of Each Receipt this Period

100.00
--------

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

Mailing Address PO Box 489

City Ingram	State TX	Zip Code 78025-0489
----------------	-------------	------------------------

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

Name of Employer Not Applicable	Occupation Retired
------------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : VN8A3CPCPP0

Amount of Each Receipt this Period

300.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Eville Gorham**

Mailing Address 1933 E River Ter  
 Unit 106

City Minneapolis	State MN	Zip Code 55414-3673
---------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : VN8A3CPMX70

Amount of Each Receipt this Period

100.00
--------

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

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

500.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Fay C Graning**

Mailing Address 6100 Westchester Park Dr

Apt 404

City

College Park

State

MD

Zip Code

20740-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : VN8A3CJCMW5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Fay C Graning**

Mailing Address 6100 Westchester Park Dr

Apt 404

City

College Park

State

MD

Zip Code

20740-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : VN8A3CMESS1

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**Fay C Graning**

Mailing Address 6100 Westchester Park Dr

Apt 404

City

College Park

State

MD

Zip Code

20740-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPF8F0

Amount of Each Receipt this Period

50.00

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

140.00

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Miriam Greenblatt</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 2754 Roslyn Ln Apt 202		Transaction ID : VN8A3CJCMD6
City Highland Park	State IL	
Zip Code 60035-1408		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Self	Occupation Writer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00	

Full Name (Last, First, Middle Initial) <b>B. Miriam Greenblatt</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2754 Roslyn Ln Apt 202		Transaction ID : VN8A3CNGGK3
City Highland Park	State IL	
Zip Code 60035-1408		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer Self	Occupation Writer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 290.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Greene</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1210 19th Ave NE		Transaction ID : VN8A3CQJE41
City Minneapolis	State MN	
Zip Code 55418-4604		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
Name of Employer University Of Mn	Occupation Professor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dorothy E Grier</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 1412 Waterford Dr		<b>Transaction ID : VN8A3CM9Y72</b>	
City District Hts	State MD	Zip Code 20747-1737	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dorothy E Grier</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1412 Waterford Dr		<b>Transaction ID : VN8A3CRPQV3</b>	
City District Hts	State MD	Zip Code 20747-1737	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Irwin Guttman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 80 Charter Oaks Dr Apt 4		<b>Transaction ID : VN8A3CP3CE6</b>	
City Amherst	State NY	Zip Code 14228-2520	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		450.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

**David A Gutzke**

Mailing Address 2218 Sheridan Ave S

City

Minneapolis

State

MN

Zip Code

55405-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JP Morgan

Occupation

Wealth Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CQJDA6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Murat Guzel**

Mailing Address 52 E Union Blvd

City

Bethlehem

State

PA

Zip Code

18018-4079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSF, Inc.

Occupation

President

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPF596

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Murat Guzel**

Mailing Address 52 E Union Blvd

City

Bethlehem

State

PA

Zip Code

18018-4079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSF, Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPF5C0

Amount of Each Receipt this Period

100.00

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

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

2800.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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

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

Mailing Address 1105 Claire St

City Bethlehem	State PA	Zip Code 18017-9308
-------------------	-------------	------------------------

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

Name of Employer homemaker	Occupation homemaker
-------------------------------	-------------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNVWF5

Amount of Each Receipt this Period

1700.00

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

Mailing Address 1105 Claire St

City Bethlehem	State PA	Zip Code 18017-9308
-------------------	-------------	------------------------

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

Name of Employer homemaker	Occupation homemaker
-------------------------------	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNW8Z7

Amount of Each Receipt this Period

2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Maureen Hackett**

Mailing Address 4919 Arlington Dr

City Minnetonka	State MN	Zip Code 55343-8762
--------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Forensic Psychiatrist
-----------------------------------	-------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : VN8A3CKP2V0

Amount of Each Receipt this Period

500.00

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

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

4800.00

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

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for each category of the  
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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Amer Haider</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	04		18		2014
M M M	/	D D D	/	Y Y Y Y Y Y											
04		18		2014											
Mailing Address 12621 Paseo Cerro			<b>Transaction ID : VN8A3CMMGG0</b>												
City Saratoga	State CA	Zip Code 95070-6609	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>								50.00				
					50.00										
FEC ID number of contributing federal political committee. <div>C</div>															
Name of Employer Cavium Networks		Occupation VP Corp Dev													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>750.00</td> </tr> </table>							750.00						
					750.00										

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Amer Haider</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	05		16		2014
M M M	/	D D D	/	Y Y Y Y Y Y											
05		16		2014											
Mailing Address 12621 Paseo Cerro			<b>Transaction ID : VN8A3CQJG02</b>												
City Saratoga	State CA	Zip Code 95070-6609	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>								50.00				
					50.00										
FEC ID number of contributing federal political committee. <div>C</div>															
Name of Employer Cavium Networks		Occupation VP Corp Dev													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>800.00</td> </tr> </table>							800.00						
					800.00										

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Amer Haider</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	06		20		2014
M M M	/	D D D	/	Y Y Y Y Y Y											
06		20		2014											
Mailing Address 12621 Paseo Cerro			<b>Transaction ID : VN8A3CS6W00</b>												
City Saratoga	State CA	Zip Code 95070-6609	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>50.00</td> </tr> </table>								50.00				
					50.00										
FEC ID number of contributing federal political committee. <div>C</div>															
Name of Employer Cavium Networks		Occupation VP Corp Dev													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>850.00</td> </tr> </table>							850.00						
					850.00										

<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5"></td> <td>150.00</td> </tr> </table>								150.00
					150.00						
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>								

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Syed I Haider**

Mailing Address 14 Sorrel Run

City

Mount Laurel

State

NJ

Zip Code

08054-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK21Q7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Roger L. Hale**Mailing Address 117 Portland Ave  
Apt 501

City

Minneapolis

State

MN

Zip Code

55401-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : VN8A3CJC7G3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**James W Hammonds**

Mailing Address 3259 Bonita Mesa Rd

City

Bonita

State

CA

Zip Code

91902-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CMD3D2

Amount of Each Receipt this Period

50.00

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

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

1550.00

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

FOR LINE NUMBER:

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**James W Hammonds**

Mailing Address 3259 Bonita Mesa Rd

City Bonita	State CA	Zip Code 91902-1019
----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRVQG8

Amount of Each Receipt this Period

100.00

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

Mailing Address 46638 Inverness Rd

City Canton	State MI	Zip Code 48188-3050
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : VN8A3CQ98W7

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nasir Haque**

Mailing Address 2309 Turpins Glen Dr

City Germantown	State TN	Zip Code 38138-5833
--------------------	-------------	------------------------

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

Name of Employer Germantown Internal Medicine	Occupation Physician
--	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : VN8A3CKCD76

Amount of Each Receipt this Period

500.00

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

1100.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 77 OF 282

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bartlett Harper</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2014
Mailing Address 10411 Cedar Lake Rd Apt 216		Transaction ID : VN8A3CMP5N0
City Minnetonka	State MN	
Zip Code 55305-3284		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Independent Construction Professional	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00	

Full Name (Last, First, Middle Initial) <b>B. Nile Harper</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 1437 Glacier Ln NE		Transaction ID : VN8A3CQVFE1
City Minneapolis	State MN	
Zip Code 55421-1330		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 570.00	

Full Name (Last, First, Middle Initial) <b>C. Sandy Harrigan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2014
Mailing Address 1848 Pascal St		Transaction ID : VN8A3CMMCM2
City Falcon Heights	State MN	
Zip Code 55113-6149		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial)

**Sandy Harrigan**

Mailing Address 1848 Pascal St

City

Falcon Heights

State

MN

Zip Code

55113-6149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 20 / 2014

Transaction ID : VN8A3CS6WF8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Robert Harrington**

Mailing Address 2551 38th Ave NE

Unit 113

City

Minneapolis

State

MN

Zip Code

55421-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Signature Consultants

Occupation

Account Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 25 / 2014

Transaction ID : VN8A3CMMEB5

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**Robert Harrington**

Mailing Address 2551 38th Ave NE

Unit 113

City

Minneapolis

State

MN

Zip Code

55421-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Signature Consultants

Occupation

Account Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2014

Transaction ID : VN8A3CS6S87

Amount of Each Receipt this Period

25.00

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

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

100.00

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

Use separate schedule(s)  
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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Robert Harrington</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 2551 38th Ave NE Unit 113 City State Zip Code Minneapolis MN 55421-5006		<b>Transaction ID : VN8A3CS6SD6</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Signature Consultants		Occupation Account Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 425.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Boyce B Harris</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 6211 Twin Silo Dr City State Zip Code Blue Bell PA 19422-3297		<b>Transaction ID : VN8A3CMWGW8</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Microsoft		Occupation Sr Application Development Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 180.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Boyce B Harris</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 6211 Twin Silo Dr City State Zip Code Blue Bell PA 19422-3297		<b>Transaction ID : VN8A3CRR0A7</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Microsoft		Occupation Sr Application Development Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 205.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		75.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Kathleen I Haskins

A.

Mailing Address 2108 Milwaukee Ave

City

Minneapolis

State

MN

Zip Code

55404-3146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G2 Secure Staff

Occupation

Wheelchair Aid

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWFX3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Syed Z Hassan

B.

Mailing Address 117 Petal Ln

City

Ewing

State

NJ

Zip Code

08638-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Health

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : VN8A3CKYA30

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Bud Hb Hayden Jr

C.

Mailing Address 100 2nd St SE  
Apt 801

City

Minneapolis

State

MN

Zip Code

55414-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : VN8A3CKP2J9

Amount of Each Receipt this Period

350.00

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

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

950.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

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

Mailing Address 12600 Marion Ln W  
Apt 606

City State Zip Code  
Minnetonka MN 55305-1349

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

**Transaction ID : VN8A3CJJ915**

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
**Elayne R Hengler**

Mailing Address PO Box 97

City State Zip Code  
Hanover MN 55341-0097

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

**Transaction ID : VN8A3CJC7X5**

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Elayne R Hengler**

Mailing Address PO Box 97

City State Zip Code  
Hanover MN 55341-0097

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2014

**Transaction ID : VN8A3CRB3H5**

Amount of Each Receipt this Period

75.00

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

190.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Nancy L Herck**

Mailing Address 129 Spruce St

City Lanse	State MI	Zip Code 49946-1521
---------------	-------------	------------------------

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

Name of Employer BCMH Physicians Group	Occupation Physician's Assistant
---	-------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 205.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : VN8A3CNWMG2

Amount of Each Receipt this Period

30.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Nancy L Herck**

Mailing Address 129 Spruce St

City Lanse	State MI	Zip Code 49946-1521
---------------	-------------	------------------------

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

Name of Employer BCMH Physicians Group	Occupation Physician's Assistant
---	-------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 235.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : VN8A3CR72X6

Amount of Each Receipt this Period

30.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Willis Hesselroth**

Mailing Address 37538 N 104th PI

City Scottsdale	State AZ	Zip Code 85262-3472
--------------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : VN8A3CKMAX7

Amount of Each Receipt this Period

250.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

310.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Turvoh Himmelman**

Mailing Address 210 W Grant St  
 Apt 422

City Minneapolis State MN Zip Code 55403-2245

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

Name of Employer Arthur T. Himmelman Occupation Consultant

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 255.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 19 2014

Transaction ID : VN8A3CK9738

Amount of Each Receipt this Period

100.00

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

Mailing Address 2753 Ewing Ave S

City Minneapolis State MN Zip Code 55416-4212

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 225.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 03 2014

Transaction ID : VN8A3CJC6A2

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
**Monroe Hodroff**

Mailing Address 2753 Ewing Ave S

City Minneapolis State MN Zip Code 55416-4212

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 275.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 16 2014

Transaction ID : VN8A3CN35B5

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Alice Ann Hopper</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 31525 Schwartz Rd			<b>Transaction ID : VN8A3CN1MF0</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00	
Westlake	OH	44145-3768		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer N/A		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Alice Ann Hopper</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2014	
Mailing Address 31525 Schwartz Rd			<b>Transaction ID : VN8A3CQESW0</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00	
Westlake	OH	44145-3768		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer N/A		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Thomas Huberty</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 3049 46th Ave S			<b>Transaction ID : VN8A3CKAG36</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 100.00	
Minneapolis	MN	55406-2324		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Huberty Performance Learning, LLC		Occupation Business Improvement Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER:

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(check only one)

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

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

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

Mailing Address 3049 46th Ave S

City Minneapolis State MN Zip Code 55406-2324

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

Name of Employer Huberty Performance Learning, LLC Occupation Business Improvement Consultant

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKS3E2

Amount of Each Receipt this Period

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Valla J Hudson**

Mailing Address 3526 Hoyt Ave

City Everett State WA Zip Code 98201-4718

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

Name of Employer None Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWH33

Amount of Each Receipt this Period

35.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Valla J Hudson**

Mailing Address 3526 Hoyt Ave

City Everett State WA Zip Code 98201-4718

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

Name of Employer None Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : VN8A3CR0D73

Amount of Each Receipt this Period

35.00
-------

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

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

120.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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

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

Mailing Address 663 Brace Ave

City Perth Amboy	State NJ	Zip Code 08861-3027
---------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : VN8A3CKYAN2

Amount of Each Receipt this Period

250.00
--------

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

Mailing Address 63 Via Los Altos

City Tiburon	State CA	Zip Code 94920-2059
-----------------	-------------	------------------------

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

Name of Employer Radian Group Inc.	Occupation CEO
---------------------------------------	-------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRY055

Amount of Each Receipt this Period

600.00
--------

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

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

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 14251.09

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRY055E

Amount of Each Receipt this Period

600.00
--------

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

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

850.00
--------

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Sanford Ibrahim**

Mailing Address 63 Via Los Altos

City

Tiburon

State

CA

Zip Code

94920-2059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radian Group Inc.

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRZKG9

Amount of Each Receipt this Period

1400.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRZKG9E

Amount of Each Receipt this Period

1400.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Donald P Irish**

Mailing Address 3611 14th Ave S

City

Minneapolis

State

MN

Zip Code

55407-2711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWQX8

Amount of Each Receipt this Period

50.00

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

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

1450.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Abul F. Islam

Mailing Address 7495 Cypress Pointe

City

Bay City

State

MI

Zip Code

48706-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Gastroenterologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9A00

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Russell D Iverson

Mailing Address 5743 Nashway Rd

City

Nisswa

State

MN

Zip Code

56468-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJJDT9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Russell D Iverson

Mailing Address 5743 Nashway Rd

City

Nisswa

State

MN

Zip Code

56468-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC3F4

Amount of Each Receipt this Period

50.00

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

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

600.00



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

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

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Russell D Iverson**

Mailing Address 5743 Nashway Rd

City Nisswa	State MN	Zip Code 56468-2359
----------------	-------------	------------------------

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

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : VN8A3CR0HX4

Amount of Each Receipt this Period

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Mahmoud A Jaber**

Mailing Address 10471 Graybourne Dr

City Eads	State TN	Zip Code 38028-9768
--------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Convenience Store Ownership
-----------------------------------	---

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : VN8A3CKCCR8

Amount of Each Receipt this Period

500.00
--------

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

Mailing Address 3128 Harrison St

City Glenview	State IL	Zip Code 60025-4554
------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 825.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 08 / 2014

Transaction ID : VN8A3CJMV93

Amount of Each Receipt this Period

25.00
-------

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

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

575.00
--------

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Syed Jafer**

Mailing Address 3128 Harrison St

City

Glenview

State

IL

Zip Code

60025-4554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : VN8A3CKDS20

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**Syed Jafer**

Mailing Address 3128 Harrison St

City

Glenview

State

IL

Zip Code

60025-4554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

Transaction ID : VN8A3CMD706

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**Syed Jafer**

Mailing Address 3128 Harrison St

City

Glenview

State

IL

Zip Code

60025-4554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWG07

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Syed Jafer

Mailing Address 3128 Harrison St

City

Glenview

State

IL

Zip Code

60025-4554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRPQE1

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Moosa Jaffari

Mailing Address 719 Summer Dr

City

Manalapan

State

NJ

Zip Code

07726-8880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK2173

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Muhammad Jilani

Mailing Address 4207 Summerwood Ln

City

Saginaw

State

MI

Zip Code

48603-8703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Marys Hospital

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : VN8A3CRG523

Amount of Each Receipt this Period

500.00

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

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

1525.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**E Michael Johnson**

Mailing Address 2 Spur Rd

City Edina State MN Zip Code 55436-1356

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

Name of Employer Dorsey & Whitney LLP Occupation Lawyer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXWE9

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
14251.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXWE9E

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Josie R Johnson**

Mailing Address 400 Groveland Ave  
Apt 2007

City Minneapolis State MN Zip Code 55403-3205

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKS4R3

Amount of Each Receipt this Period

100.00

350.00

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

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Josie R Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2014	
Mailing Address 400 Groveland Ave Apt 2007		<b>Transaction ID : VN8A3CMQAN8</b>	
City Minneapolis	State MN	Zip Code 55403-3205	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Josie R Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 400 Groveland Ave Apt 2007		<b>Transaction ID : VN8A3CRY1Q8</b>	
City Minneapolis	State MN	Zip Code 55403-3205	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO Box 382110		<b>Transaction ID : VN8A3CRY1Q8E</b>	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation Conduit total listed in Agg. field		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 14251.09		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 150.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

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

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

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

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ruth Christine Johnson**

Mailing Address **5800 Saint Croix Ave N**  
**Apt W 211**

City **Golden Valley** State **MN** Zip Code **55422-4446**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2014

Transaction ID : VN8A3CQ60T9

Amount of Each Receipt this Period

250.00
--------

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

Mailing Address **1615 E River Pkwy**

City **Minneapolis** State **MN** Zip Code **55414-3627**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : VN8A3CMXVR6

Amount of Each Receipt this Period

250.00
--------

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

Mailing Address **1374 Alki Ave SW**  
**Apt 400**

City **Seattle** State **WA** Zip Code **98116-1852**

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

Name of Employer **Avicenna Tech** Occupation **Founder**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **5002.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : VN8A3CR0G62

Amount of Each Receipt this Period

2600.00
---------

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

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

3100.00
---------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Sid Kadah</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		23		2014
M M	/	D D	/	Y Y Y Y									
06		23		2014									
Mailing Address 1374 Alki Ave SW Apt 400		<b>Transaction ID : VN8A3CR0G70</b>											
City Seattle	State WA	Zip Code 98116-1852											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2402.00</div>											
Name of Employer Avicenna Tech	Occupation Founder												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>5002.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Phyllis L Kahn</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		28		2014
M M	/	D D	/	Y Y Y Y									
04		28		2014									
Mailing Address 15 Island Ave W		<b>Transaction ID : VN8A3CKS283</b>											
City Minneapolis	State MN	Zip Code 55401-1507											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>300.00</div>											
Name of Employer State of Minnesota	Occupation Legislator												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>350.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Harry P. Kamen</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y									
06		30		2014									
Mailing Address 910 Park Ave		<b>Transaction ID : VN8A3CRQXN7</b>											
City New York	State NY	Zip Code 10075-0277											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2000.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>3202.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											





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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Imad Kamran

A.

Mailing Address 6 Perry Ave

City

Menlo Park

State

CA

Zip Code

94025-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EvercoreOccupation  
Finance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : VN8A3CMEEE1

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Imad Kamran

B.

Mailing Address 6 Perry Ave

City

Menlo Park

State

CA

Zip Code

94025-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EvercoreOccupation  
Finance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : VN8A3CMJEG9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Imad Kamran

C.

Mailing Address 6 Perry Ave

City

Menlo Park

State

CA

Zip Code

94025-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EvercoreOccupation  
Finance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		24		2014

Transaction ID : VN8A3CNTQD0

Amount of Each Receipt this Period

100.00

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

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

200.00

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

**Imad Kamran**

Mailing Address 6 Perry Ave

City

Menlo Park

State

CA

Zip Code

94025-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EvercoreOccupation  
Finance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : VN8A3CP5MD7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Imad Kamran**

Mailing Address 6 Perry Ave

City

Menlo Park

State

CA

Zip Code

94025-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EvercoreOccupation  
Finance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2014

Transaction ID : VN8A3CPX0V6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Imad Kamran**

Mailing Address 6 Perry Ave

City

Menlo Park

State

CA

Zip Code

94025-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EvercoreOccupation  
Finance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : VN8A3CR3918

Amount of Each Receipt this Period

100.00

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

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

200.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Catherine A Kane</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 12 Maplewood Ct Apt B City Gaithersburg State MD Zip Code 20877-3092		<b>Transaction ID : VN8A3CNGR83</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Samuel L Kaplan</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 90 S 7th St Ste 5500 City Minneapolis State MN Zip Code 55402-4126		<b>Transaction ID : VN8A3CKE7Y1</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kaplan Strangis & Kaplan	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Sylvia Chessen Kaplan</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 90 S 7th St Ste 5500 City Minneapolis State MN Zip Code 55402-4126		<b>Transaction ID : VN8A3CKE814</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Restaurateur	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Carolyn Karcher**

Mailing Address 646 Independence Ave SE

City

Washington

State

DC

Zip Code

20003-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : VN8A3CS6WS7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Clifford Kashtan**

Mailing Address 2828 Huntington Ave

City

Saint Louis Park

State

MN

Zip Code

55416-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : VN8A3CK57R2

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**William Kates**

Mailing Address 3237 Cumberland Trl

City

Olympia Fields

State

IL

Zip Code

60461-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kates Detective Agency

Occupation

CEO/President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPFBP1

Amount of Each Receipt this Period

500.00

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

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

800.00

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Syed Kazmi</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 17 Diamond Ave		<b>Transaction ID : VN8A3CK2115</b>	
City East Meadow	State NY	Zip Code 11554-2114	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>A. Rasheed Khan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 6863 Spring Meadow Dr		<b>Transaction ID : VN8A3CQ9A59</b>	
City Saginaw	State MI	Zip Code 48603-8618	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Physican		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Iftikhar Khan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address P.O. BCAX: 5624		<b>Transaction ID : VN8A3CQ9AD2</b>	
City Saginaw	State MI	Zip Code 48603	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physican		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

**Nahid Khan**

Mailing Address 6732 Willow Ln

City

Brooklyn Ctr

State

MN

Zip Code

55430-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : VN8A3CMMEV1

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**Nahid Khan**

Mailing Address 6732 Willow Ln

City

Brooklyn Ctr

State

MN

Zip Code

55430-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CQJEP3

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**Nahid Khan**

Mailing Address 6732 Willow Ln

City

Brooklyn Ctr

State

MN

Zip Code

55430-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : VN8A3CS6V15

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

**Nazar Khan**

Mailing Address 8017 Telegraph Rd

City

Minneapolis

State

MN

Zip Code

55438-1179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Khan and Khan llp

Occupation

Principal

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2014

Transaction ID : VN8A3CPXF48

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Alim Khandekar**

Mailing Address 1205 Massey Cv

City

Memphis

State

TN

Zip Code

38120-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Medical Group

Occupation

Cardiovascular Surgeon

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCCA9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Susan D Kinder**

Mailing Address 2221 Oliver Ave S

City

Minneapolis

State

MN

Zip Code

55405-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

O'Leary And Grant

Occupation

American Express

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : VN8A3CKP2N2

Amount of Each Receipt this Period

250.00

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

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

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**Full Name (Last, First, Middle Initial)  
**A. Douglas M Kinney**

Mailing Address 920 E Deerpath

City	State	Zip Code
Lake Forest	IL	60045-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS5FF1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**B. Margaret L Kirkpatrick**

Mailing Address 2636 17th Ave S

City	State	Zip Code
Minneapolis	MN	55407-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hennepin County Medical CenterOccupation  
Nurse

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : VN8A3CKP2T2

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)  
**C. Margaret L Kirkpatrick**

Mailing Address 2636 17th Ave S

City	State	Zip Code
Minneapolis	MN	55407-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hennepin County Medical CenterOccupation  
Nurse

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

315.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRX628

Amount of Each Receipt this Period

15.00

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

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

1215.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Wanda Kittelson-Driver**

Mailing Address 5041 37th Ave S

City Minneapolis State MN Zip Code 55417-1524

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 285.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 28 2014

Transaction ID : VN8A3CKSW12

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
**Wanda Kittelson-Driver**

Mailing Address 5041 37th Ave S

City Minneapolis State MN Zip Code 55417-1524

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 310.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 02 2014

Transaction ID : VN8A3CPC2E6

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
**Carla Kjellberg**

Mailing Address 5001 3rd Ave S

City Minneapolis State MN Zip Code 55419-1413

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 850.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 18 2014

Transaction ID : VN8A3CK6FR7

Amount of Each Receipt this Period

50.00

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

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

125.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Mailing Address 5001 3rd Ave S

City Minneapolis	State MN	Zip Code 55419-1413
---------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Lawyer
-----------------------------------	----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		18		2014

Transaction ID : VN8A3CN64K9

Amount of Each Receipt this Period

50.00
-------

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

Mailing Address 5001 3rd Ave S

City Minneapolis	State MN	Zip Code 55419-1413
---------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Lawyer
-----------------------------------	----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : VN8A3CQPM6

Amount of Each Receipt this Period

50.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Linda Kofstad**

Mailing Address 68540 300th St

City Hartland	State MN	Zip Code 56042-4081
------------------	-------------	------------------------

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

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : VN8A3CK4PQ7

Amount of Each Receipt this Period

500.00
--------

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

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

600.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Donald Kraybill

Mailing Address 3738 County Road 54 NE

City

Longville

State

MN

Zip Code

56655-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJJE06

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Donald Kraybill

Mailing Address 3738 County Road 54 NE

City

Longville

State

MN

Zip Code

56655-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : VN8A3CMH369

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Donald Kraybill

Mailing Address 3738 County Road 54 NE

City

Longville

State

MN

Zip Code

56655-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRPN14

Amount of Each Receipt this Period

200.00

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

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

650.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Mailing Address **317 Groveland Ave**  
**Unit 503**

City **Minneapolis** State **MN** Zip Code **55403-3666**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : VN8A3CJMSH1

Amount of Each Receipt this Period

<b>250.00</b>
---------------

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

Mailing Address **6100 Lee Ave N**

City **Brooklyn Center** State **MN** Zip Code **55429-2476**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP3J1

Amount of Each Receipt this Period

<b>35.00</b>
--------------

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

Mailing Address **270 Highland Rd**

City **South Orange** State **NJ** Zip Code **07079-1514**

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

Name of Employer **Sheefa Pharmacy and Wellness Center** Occupation **Pharmacist/CEO**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : VN8A3CNF5K2

Amount of Each Receipt this Period

<b>500.00</b>
---------------

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

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

<b>785.00</b>
---------------

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Kashif M. Latif

A.

Mailing Address 2631 Oakhurst Cv

City

Germantown

State

TN

Zip Code

38139-6850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AM Diabetes Endocrinology Center

Occupation

Doctor- Internal Medicine

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCCN6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Van Lawrence

B.

Mailing Address 1239 Edlin Pl

City

Minneapolis

State

MN

Zip Code

55416-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMMNZ8

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

Van Lawrence

C.

Mailing Address 1239 Edlin Pl

City

Minneapolis

State

MN

Zip Code

55416-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNX1A2

Amount of Each Receipt this Period

100.00

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

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

620.00

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

**A.** Full Name (Last, First, Middle Initial)  
**Susan W Lenfestey**

Mailing Address 1833 Girard Ave S

City Minneapolis State MN Zip Code 55403-2944

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

Name of Employer Self-Employed Occupation Writer

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 700.00

Date of Receipt

M M	D D	Y Y Y Y
04	28	2014

Transaction ID : VN8A3CKS461

Amount of Each Receipt this Period

500.00
--------

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

Mailing Address 333 W 86th St  
Apt 408

City New York State NY Zip Code 10024-3145

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M	D D	Y Y Y Y
04	07	2014

Transaction ID : VN8A3CJJCV6

Amount of Each Receipt this Period

50.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**S S Levander**

Mailing Address 333 W 86th St  
Apt 408

City New York State NY Zip Code 10024-3145

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt

M M	D D	Y Y Y Y
05	19	2014

Transaction ID : VN8A3CNBKX8

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

600.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Melvin Levy

A.

Mailing Address 11157 Regatta Ln

City

Wellington

State

FL

Zip Code

33449-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJJZT9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Melvin Levy

B.

Mailing Address 11157 Regatta Ln

City

Wellington

State

FL

Zip Code

33449-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMPBT2

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Jennifer Linde

C.

Mailing Address 2017 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55405-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Associate Professor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRQ9M7

Amount of Each Receipt this Period

50.00

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

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

125.00

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

Use separate schedule(s)  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**James E Lindell**

Mailing Address 53 4th Ave N  
 102

City	State	Zip Code
Minneapolis	MN	55401-3347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CQJD30

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Dean Lund**

Mailing Address 92 Orlin Ave SE

City	State	Zip Code
Minneapolis	MN	55414-3562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : VN8A3CP3FZ7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Charles P Lutz**

Mailing Address 6022 Oliver Ave S

City	State	Zip Code
Minneapolis	MN	55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CN37R1

Amount of Each Receipt this Period

50.00

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

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

250.00



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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

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

Mailing Address 163 E 81st St

City State Zip Code  
 New York NY 10028-1806

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

Name of Employer Occupation  
 N/A Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2014

Transaction ID : VN8A3CPMYW8

Amount of Each Receipt this Period

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Katherine Austin Mahle**

Mailing Address 1410 Spring Valley Rd  
 Unit 301

City State Zip Code  
 Golden Valley MN 55422-4748

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

Name of Employer Occupation  
 N/A Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXVY3

Amount of Each Receipt this Period

50.00
-------

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
 Cambridge MA 02238-2110

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

Name of Employer Occupation  
 Conduit total listed in Agg. field

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 14251.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXVY3E

Amount of Each Receipt this Period

50.00
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**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

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

150.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dalia Mahmoud</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 190 Park Ave		<b>Transaction ID : VN8A3CPXFA6</b>	
City Madison	State NJ	Zip Code 07940-1127	Amount of Each Receipt this Period 1600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Celgene	Occupation Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dalia Mahmoud</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 190 Park Ave		<b>Transaction ID : VN8A3CPXQB0</b>	
City Madison	State NJ	Zip Code 07940-1127	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Celgene	Occupation Director		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Sara A Mahmoud</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 55 W End Ave 7J		<b>Transaction ID : VN8A3CPXFD9</b>	
City New York	State NY	Zip Code 10023-7842	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Reserve Bank of NY	Occupation Supervisor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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)

Usman K Malani

Mailing Address 5470 Pleasant View Rd

City

Memphis

State

TN

Zip Code

38134-6401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Malani Enterprise

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCAK5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Catherine Mamer

Mailing Address 2924 Quail Ave N

City

Golden Valley

State

MN

Zip Code

55422-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peace House

Occupation

Co-Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : VN8A3CP3JD1

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Ghalib Mannan MD

Mailing Address 8130 Maize Cv

City

Germantown

State

TN

Zip Code

38138-7537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midsouth Infectious Diss Assocs

Occupation

Doctor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCCG7

Amount of Each Receipt this Period

250.00

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

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

1400.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Mary Ellen Marino**

Mailing Address 9 Hornor Ln

City

Princeton

State

NJ

Zip Code

08540-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : VN8A3CMMBE2

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**Mary Ellen Marino**

Mailing Address 9 Hornor Ln

City

Princeton

State

NJ

Zip Code

08540-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CQJBD6

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**Mary Ellen Marino**

Mailing Address 9 Hornor Ln

City

Princeton

State

NJ

Zip Code

08540-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : VN8A3CS6VA6

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Erwin Marquit**

Mailing Address 825 Summit Ave  
 Apt 1302

City	State	Zip Code
Minneapolis	MN	55403-3187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : VN8A3CQ6BM7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**James B Marshall**

Mailing Address 700 Front St  
 Unit 1003

City	State	Zip Code
San Diego	CA	92101-6098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP374

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Marita Mayer**

Mailing Address 12 Austin Ave

City	State	Zip Code
San Anselmo	CA	94960-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPCG11

Amount of Each Receipt this Period

50.00

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

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

800.00

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Timothy J Mccauley

A.

Mailing Address 1480 Glacier Ln NE

City

Fridley

State

MN

Zip Code

55421-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : VN8A3CNYNE4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Marion McCrory

B.

Mailing Address 14819 210th Ave

City

Glenwood

State

MN

Zip Code

56334-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRRCC8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Robert Mccrory

C.

Mailing Address 14819 210th Ave

City

Glenwood

State

MN

Zip Code

56334-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : VN8A3CJXAP0

Amount of Each Receipt this Period

100.00

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

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

700.00

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

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(check only one)

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☒ 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)  
**Richard D McFarland**  
Mailing Address 6341 Murray Hill Rd

City State Zip Code  
Excelsior MN 55331-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 16 2014

Transaction ID : VN8A3CN3447

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Al McFarlane**  
Mailing Address 1223 Thomas Ave N

City State Zip Code  
Minneapolis MN 55411-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McFarlane Media

Occupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 17 2014

Transaction ID : VN8A3CK4ZA3

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Reginald M McKeever Jr**  
Mailing Address 545 N 1st St  
Apt 302

City State Zip Code  
Minneapolis MN 55401-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thermo King

Occupation  
VAVE Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 17 2014

Transaction ID : VN8A3CK4WF6

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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(check only one)

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

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

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

Mailing Address 2161 Middlefield Rd

City Cleveland	State OH	Zip Code 44106-3324
-------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : VN8A3CR5CK4

Amount of Each Receipt this Period

35.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Sylvia R Meagher**

Mailing Address 1015 Whites Rd

City Kalamazoo	State MI	Zip Code 49008-2908
-------------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : VN8A3CNWKZ8

Amount of Each Receipt this Period

50.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Phillip E Meltzer**

Mailing Address 7814 E Blue Ridge Rd

City Shelbyville	State IN	Zip Code 46176-9234
---------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Farmer
-----------------------------------	----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : VN8A3CP3HE6

Amount of Each Receipt this Period

50.00
-------

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

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

135.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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☒ 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)  
**Paul Merriken**

Mailing Address 203 Lovely Ln

City State Zip Code  
Asheville NC 28803-1371

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 07 2014

Transaction ID : VN8A3CJKYH4

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Phyllis E Moen**

Mailing Address 325 W River Pkwy  
Apt 102

City State Zip Code  
Minneapolis MN 55401-3385

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

Name of Employer Occupation  
University of Minnesota Professor

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 22 2014

Transaction ID : VN8A3CKE7K4

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mohammed Moinuddin**

Mailing Address 625 River View Rd

City State Zip Code  
Memphis TN 38120-2673

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

Name of Employer Occupation  
Mid South Imaging & Therapeutics Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 21 2014

Transaction ID : VN8A3CKCAR4

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)  
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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Barbara R. Molitor**

Mailing Address **545 N Pleasant Ave**  
**Apt 5**

City **Spring Valley** State **MN** Zip Code **55975-1135**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP435

Amount of Each Receipt this Period

<b>25.00</b>
--------------

**B.** Full Name (Last, First, Middle Initial)  
**Barbara R. Molitor**

Mailing Address **545 N Pleasant Ave**  
**Apt 5**

City **Spring Valley** State **MN** Zip Code **55975-1135**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRVQ43

Amount of Each Receipt this Period

<b>25.00</b>
--------------

**C.** Full Name (Last, First, Middle Initial)  
**Alfred P Moore**

Mailing Address **101 Main St NE**  
**Ste 1**

City **Minneapolis** State **MN** Zip Code **55413-4502**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1200.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2014

Transaction ID : VN8A3CKDZC2

Amount of Each Receipt this Period

<b>500.00</b>
---------------

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

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

<b>550.00</b>
---------------

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**David E Moore**

Mailing Address 5317 York Ave S

City

Minneapolis

State

MN

Zip Code

55410-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKS218

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Ismael Mosa-Basha**

Mailing Address 1041 Paddock Ct

City

Troy

State

MI

Zip Code

48098-6638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TSS, Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9917

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Sean Moshiri**Mailing Address 9440 Santa Monica Blvd  
Ste 505

City

Beverly Hills

State

CA

Zip Code

90210-4608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Accountant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : VN8A3CQ6061

Amount of Each Receipt this Period

100.00

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

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

1600.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Anguss Moss

Mailing Address 1031 Hathaway Ln NE

City

Minneapolis

State

MN

Zip Code

55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWCN3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mohammed Motiwala MD

Mailing Address 7574 Tagg Dr

City

Germantown

State

TN

Zip Code

38138-5827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arlington Developmental Center

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCCM8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Muriel J Mummau

Mailing Address 1101 Snapper Dam Rd

City

Landisville

State

PA

Zip Code

17538-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : VN8A3CM9Y65

Amount of Each Receipt this Period

50.00

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

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

400.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Muriel J Mummau

Mailing Address 1101 Snapper Dam Rd

City

Landisville

State

PA

Zip Code

17538-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWZY5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Muriel J Mummau

Mailing Address 1101 Snapper Dam Rd

City

Landisville

State

PA

Zip Code

17538-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR5BA0

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Bilal A Murad

Mailing Address 3747 Woodland Trl

City

Eagan

State

MN

Zip Code

55123-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allina Health

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

Transaction ID : VN8A3CH3A26

Amount of Each Receipt this Period

200.00

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

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

300.00

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

FOR LINE NUMBER:

PAGE 126 OF 282

(check only one)

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

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

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

Mailing Address 10325 Scarborough Rd

City State Zip Code  
Bloomington MN 55437-2547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TreeHouseOccupation  
Administrative Coordinator

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNX0N6

Amount of Each Receipt this Period

100.00

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

Mailing Address 812 Queen Ave N

City State Zip Code  
Minneapolis MN 55411-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
None

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP2F6

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)  
**Karen Nelson**

Mailing Address 1507 Portland Ave

City State Zip Code  
Saint Paul MN 55104-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kiltie Corp.Occupation  
Civil Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : VN8A3CKEKS7

Amount of Each Receipt this Period

200.00

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

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

400.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Kimberly A Nelson**

Mailing Address 555 Far Hill Rd

City

Wayzata

State

MN

Zip Code

55391-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

General Mills

Occupation

SVP, External Relations

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKS775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Nona J Nelson**

Mailing Address 748 McSorley St

City

Red Wing

State

MN

Zip Code

55066-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MN DFL Party

Occupation

Chairperson

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : VN8A3CQJCC9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Nona J Nelson**

Mailing Address 748 McSorley St

City

Red Wing

State

MN

Zip Code

55066-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MN DFL Party

Occupation

Chairperson

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		01		2014

Transaction ID : VN8A3CS6RM9

Amount of Each Receipt this Period

50.00

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

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

600.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Nona J Nelson

Mailing Address 748 McSorley St

City

Red Wing

State

MN

Zip Code

55066-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MN DFL Party

Occupation

Chairperson

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : VN8A3CS6RP4

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Nelson

Mailing Address 3533 46th Ave S

City

Minneapolis

State

MN

Zip Code

55406-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Department of Corrections

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR71T2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joan Nickolaisen

Mailing Address 293 Oak St

City

Berlin

State

WI

Zip Code

54923-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWS12

Amount of Each Receipt this Period

100.00

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

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

400.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Vuyisile Nkomo</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 3012 Thaddeus Rd SW		<b>Transaction ID : VN8A3CP3FV5</b>	
City Rochester	State MN	Zip Code 55902-1695	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Mayo Clinic	Occupation Cardiologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Sheila North</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2014	
Mailing Address 232 Tremont St Apt 22		<b>Transaction ID : VN8A3CJVJ8</b>	
City Melrose	State MA	Zip Code 02176-1812	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Anthem	Occupation RN Case Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 180.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Sheila North</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 232 Tremont St Apt 22		<b>Transaction ID : VN8A3CMRZD8</b>	
City Melrose	State MA	Zip Code 02176-1812	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Anthem	Occupation RN Case Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 540.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Sheila North</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 232 Tremont St Apt 22 City State Zip Code Melrose MA 02176-1812		<b>Transaction ID : VN8A3CQ9603</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer Anthem		Occupation RN Case Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 220.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Patricia Norwood</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 521 Argo Ave City State Zip Code San Antonio TX 78209-4403		<b>Transaction ID : VN8A3CQM3E2</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer self		Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 700.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address PO Box 382110 City State Zip Code Cambridge MA 02238-2110		<b>Transaction ID : VN8A3CQM3E2E</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Conduit total listed in Agg. field		Occupation Conduit total listed in Agg. field	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 14251.09	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		70.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>Patricia Norwood</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 521 Argo Ave		Transaction ID : VN8A3CQM3P6
City San Antonio	State TX	
Zip Code 78209-4403		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer self	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address PO Box 382110		Transaction ID : VN8A3CQM3P6E
City Cambridge	State MA	
Zip Code 02238-2110		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Name of Employer	Occupation Conduit total listed in Agg. field	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14251.09	

Full Name (Last, First, Middle Initial) <b>Patricia Norwood</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 521 Argo Ave		Transaction ID : VN8A3CQSGX5
City San Antonio	State TX	
Zip Code 78209-4403		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer self	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**ActBlue****A.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2014

**Transaction ID : VN8A3CQSGX5E**

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**John J O'Neill****B.**Mailing Address 300 Morris Ave  
Dock 1

City

Key Largo

State

FL

Zip Code

33037-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

**Transaction ID : VN8A3CMXV23**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**John J O'Neill****C.**Mailing Address 300 Morris Ave  
Dock 1

City

Key Largo

State

FL

Zip Code

33037-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

**Transaction ID : VN8A3CR7937**

Amount of Each Receipt this Period

100.00

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

150.00

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

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

Mailing Address 1907 Parkwood Dr SE

City Olympia	State WA	Zip Code 98501-3059
-----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 477.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : VN8A3CMMGM2

Amount of Each Receipt this Period

20.00
-------

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

Mailing Address 1907 Parkwood Dr SE

City Olympia	State WA	Zip Code 98501-3059
-----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 497.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		01		2014

Transaction ID : VN8A3CS6RJ3

Amount of Each Receipt this Period

20.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Molly Oberbillig**

Mailing Address 1907 Parkwood Dr SE

City Olympia	State WA	Zip Code 98501-3059
-----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 517.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : VN8A3CS6RK1

Amount of Each Receipt this Period

20.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

60.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Richard W Oertel</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 3550 SW Bond Ave Unit 1003		<b>Transaction ID : VN8A3CJBW85</b>	
City Portland	State OR	Zip Code 97239-4716	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard W Oertel</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 3550 SW Bond Ave Unit 1003		<b>Transaction ID : VN8A3CMA9F7</b>	
City Portland	State OR	Zip Code 97239-4716	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Richard W Oertel</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 3550 SW Bond Ave Unit 1003		<b>Transaction ID : VN8A3CPCBD7</b>	
City Portland	State OR	Zip Code 97239-4716	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		200.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard W Oertel**

Mailing Address 3550 SW Bond Ave  
 Unit 1003

City Portland State OR Zip Code 97239-4716

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2014

Transaction ID : VN8A3CPHS27

Amount of Each Receipt this Period

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Richard W Oertel**

Mailing Address 3550 SW Bond Ave  
 Unit 1003

City Portland State OR Zip Code 97239-4716

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRVQB8

Amount of Each Receipt this Period

100.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Allen Oleisky**

Mailing Address 8905 W 34th St

City St Louis Park State MN Zip Code 55426-3701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : VN8A3CMMEQ0

Amount of Each Receipt this Period

100.00
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**SUBTOTAL** of Receipts This Page (optional).....

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

300.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Caryl Olsen

A.

Mailing Address 4350 Buckingham Ct

City

Vadnais Heights

State

MN

Zip Code

55127-3682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : VN8A3CQJCS1

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Caryl Olsen

B.

Mailing Address 4350 Buckingham Ct

City

Vadnais Heights

State

MN

Zip Code

55127-3682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : VN8A3CS6RN6

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Caryl Olsen

C.

Mailing Address 4350 Buckingham Ct

City

Vadnais Heights

State

MN

Zip Code

55127-3682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS6RQ2

Amount of Each Receipt this Period

25.00

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

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

75.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lynn C Olson**

Mailing Address 1224 2nd St NE

City State Zip Code  
Minneapolis MN 55413-1130

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC2Z0

Amount of Each Receipt this Period

100.00

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

Mailing Address 2221 Hillside Ln SW

City State Zip Code  
Rochester MN 55902-1150

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : VN8A3CS6SX2

Amount of Each Receipt this Period

65.00

**C.** Full Name (Last, First, Middle Initial)  
**Vance K Opperman**

Mailing Address 14771 Summer Oaks Dr

City State Zip Code  
Wayzata MN 55391-2230

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

Name of Employer Occupation  
Key Investments President

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRPYW7

Amount of Each Receipt this Period

2500.00

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

2665.00
---------

✕	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)  
Ellison for Congress

2950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

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

Mailing Address 5714 Northwood Dr

City State Zip Code  
Baltimore MD 21212-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNX6G0

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Clyde P Patton**

Mailing Address 35 W 90th St

City State Zip Code  
New York NY 10024-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRVNT3

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Lenin Pellegrino**

Mailing Address 2550 N Halsted St

City State Zip Code  
Chicago IL 60614-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kingston Mines ClubOccupation  
Night Club Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : VN8A3CM9Y07

Amount of Each Receipt this Period

500.00

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

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

700.00

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

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for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Lenin Pellegrino**

Mailing Address 2550 N Halsted St

City

Chicago

State

IL

Zip Code

60614-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kingston Mines ClubOccupation  
Night Club Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : VN8A3CQG2Q8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**William Percy**

Mailing Address 2 Upper School Road

City

Hope

State

ID

Zip Code

83836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capella UniversityOccupation  
Psychologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : VN8A3CJZVN4

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**William Percy**

Mailing Address 2 Upper School Road

City

Hope

State

ID

Zip Code

83836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capella UniversityOccupation  
Psychologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

241.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CN2YP6

Amount of Each Receipt this Period

10.00

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

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

520.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**William Percy**

Mailing Address 2 Upper School Road

City

Hope

State

ID

Zip Code

83836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capella University

Occupation

Psychologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : VN8A3CQG4Q2

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**Michael R Perez**

Mailing Address 1420 Washburn Ave N

City

Minneapolis

State

MN

Zip Code

55411-2843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Perez Charitable Vending

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : VN8A3CQJDW8

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**Antoinette Perkins**

Mailing Address 38 Uncle Bobs Way

City

South Dennis

State

MA

Zip Code

02660-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CQJB52

Amount of Each Receipt this Period

55.00

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

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

140.00

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

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for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Larry J Peterson

A.

Mailing Address 111 Marquette Ave  
Apt 608

City	State	Zip Code
Minneapolis	MN	55401-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : VN8A3CKE7E4

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Marie J Peterson

B.

Mailing Address 4221 Tyler St NE

City	State	Zip Code
Minneapolis	MN	55421-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : VN8A3CMMEC3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Alberta Pinero

C.

Mailing Address 878 Countrywood Dr

City	State	Zip Code
Adams	TN	37010-8959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : VN8A3CNGMV6

Amount of Each Receipt this Period

50.00

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

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

350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

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

Mailing Address 878 Countrywood Dr

City Adams	State TN	Zip Code 37010-8959
---------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2014

**Transaction ID : VN8A3CR6ZW2**

Amount of Each Receipt this Period

40.00

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

Mailing Address 4350 Brookside Ct  
Apt 205

City Minneapolis	State MN	Zip Code 55436-1450
---------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2014

**Transaction ID : VN8A3CMP1T0**

Amount of Each Receipt this Period

100.00

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

Mailing Address 5861 Penny Farm Dr SE

City Kentwood	State MI	Zip Code 49508-6495
------------------	-------------	------------------------

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

Name of Employer Spectrum Health	Occupation Physician
-------------------------------------	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

**Transaction ID : VN8A3CS6XR0**

Amount of Each Receipt this Period

200.00

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

340.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Sherri Privratsky**

Mailing Address 1053 Dell Ave

City

Dickinson

State

ND

Zip Code

58601-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Philanthropist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK1YS7

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**Joseph B Proctor**

Mailing Address 2204 Solmar Dr

City

Silver Spring

State

MD

Zip Code

20904-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWW43

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**Joseph B Proctor**

Mailing Address 2204 Solmar Dr

City

Silver Spring

State

MD

Zip Code

20904-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWW69

Amount of Each Receipt this Period

400.00

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

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

1035.00



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

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mohammad N Qureshi MD**

Mailing Address 1700 Cordova Rd

City State Zip Code  
 Germantown TN 38138-2101

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 21 2014

Transaction ID : VN8A3CKCCF9

Amount of Each Receipt this Period

250.00

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

Mailing Address 3862 Curry Ford Rd  
 Home

City State Zip Code  
 Orlando FL 32806-2708

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

Name of Employer self Occupation dentist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 18 2014

Transaction ID : VN8A3CMMBX1

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Peggy Qureshi**

Mailing Address 32450 Plumwood St

City State Zip Code  
 Beverly Hills MI 48025-2720

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 23 2014

Transaction ID : VN8A3CQJC39

Amount of Each Receipt this Period

100.00

450.00

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

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

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

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

FOR LINE NUMBER:

PAGE 146 OF 282

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Zakir Qureshi

Mailing Address 4 Hearthstone Pl

City

Saginaw

State

MI

Zip Code

48609-9319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9AB7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Sheikh Rahman

Mailing Address 276 Bielby Rd

Ste 2

City

Lawrenceburg

State

IN

Zip Code

47025-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : VN8A3CKEHM2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Amjad Rass

Mailing Address 71 Kingsley Manor Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ99D2

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Paul H Ravich**

Mailing Address 504 River St

City State Zip Code  
Minneapolis MN 55401-2542

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

Name of Employer Occupation  
Ravich Meyer Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	28	2014

Transaction ID : VN8A3CKS1R7

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Syed Y Raza**

Mailing Address 459 Roquette Ave

City State Zip Code  
S Floral Park NY 11001-3541

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

Name of Employer Occupation  
Wal Mart Pharmacist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	D D	Y Y Y Y
04	29	2014

Transaction ID : VN8A3CKYB25

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Segwald Reckdahl**

Mailing Address 7823 Alden Way NE

City State Zip Code  
Fridley MN 55432-2407

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
159.00

Date of Receipt

M M	D D	Y Y Y Y
04	07	2014

Transaction ID : VN8A3CJJZX3

Amount of Each Receipt this Period

100.00

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

1600.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Mailing Address **7823 Alden Way NE**

City	State	Zip Code
Fridley	MN	55432-2407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**259.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

**Transaction ID : VN8A3CKMBY7**

Amount of Each Receipt this Period

**100.00**

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

Mailing Address **1920 S 1st St**  
**# 32203**

City	State	Zip Code
Minneapolis	MN	55454-1055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Redmond Associates, Inc.**

Occupation  
**Consultant**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2014

**Transaction ID : VN8A3CH7SY0**

Amount of Each Receipt this Period

**500.00**

C. Full Name (Last, First, Middle Initial)  
**Carol Reeg**

Mailing Address **4031 Aldrich Ave N**

City	State	Zip Code
Minneapolis	MN	55412-1717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Comdata**

Occupation  
**Fuel Tax Specialist**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

**Transaction ID : VN8A3CMMC95**

Amount of Each Receipt this Period

**10.00**

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

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

**610.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Mailing Address 4031 Aldrich Ave N

City Minneapolis State MN Zip Code 55412-1717

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

Name of Employer Comdata Occupation Fuel Tax Specialist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : VN8A3CS6SG0

Amount of Each Receipt this Period

10.00

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

Mailing Address 328 Sterling Pl Apt 4B

City Brooklyn State NY Zip Code 11238-4448

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

Name of Employer Metlife Occupation Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9644

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eugene M Renkin**

Mailing Address 1515 Shasta Dr Apt 1204

City Davis State CA Zip Code 95616-6676

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : VN8A3CQ61H1

Amount of Each Receipt this Period

100.00

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

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

610.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Mailing Address **7498 Raccoon Trl NE**

City <b>Remer</b>	State <b>MN</b>	Zip Code <b>56672-4582</b>
----------------------	--------------------	-------------------------------

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

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**190.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKTK11

Amount of Each Receipt this Period

<b>20.00</b>
--------------

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

Mailing Address **7498 Raccoon Trl NE**

City <b>Remer</b>	State <b>MN</b>	Zip Code <b>56672-4582</b>
----------------------	--------------------	-------------------------------

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

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**215.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS6GA3

Amount of Each Receipt this Period

<b>25.00</b>
--------------

**C.** Full Name (Last, First, Middle Initial)  
**Reginald D Ricks**

Mailing Address **21 Saint James Pl Apt 15J**

City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11205-5025</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>N/A</b>	Occupation <b>Retired</b>
--------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : VN8A3CMXVB4

Amount of Each Receipt this Period

<b>100.00</b>
---------------

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

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

<b>145.00</b>
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 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)  
**Alice O Ritter**

Mailing Address 2121 S Timberline Ave

City State Zip Code  
Tucson AZ 85710-6026

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt

M M / D D / Y Y Y Y  
05 27 2014

Transaction ID : VN8A3CNWZG4

Amount of Each Receipt this Period

50.00

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

Mailing Address 2009 Plymouth Avenue North

City State Zip Code  
Minneapolis MN 55411-3712

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

Name of Employer Occupation  
Self Employed Chiropractor

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 17 2014

Transaction ID : VN8A3CK4WA6

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert H Robinson**

Mailing Address 6220 Lemona Ave  
Apt 12

City State Zip Code  
Van Nuys CA 91411-2103

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

Name of Employer Occupation  
City of Los Angeles Security Officer at LAX

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 07 2014

Transaction ID : VN8A3CJJDJ6

Amount of Each Receipt this Period

50.00

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

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

350.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Mailing Address 1327 Robinwood Ln

City State Zip Code  
 Faribault MN 55021-6717

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

Name of Employer Occupation  
 N/A Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK5RB5

Amount of Each Receipt this Period

35.00
-------

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

Mailing Address 910 Cannon Valley Dr  
 Apt 2226

City State Zip Code  
 Northfield MN 55057-3349

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 405.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP5R4

Amount of Each Receipt this Period

75.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Brynhild Rowberg**

Mailing Address 910 Cannon Valley Dr  
 Apt 2226

City State Zip Code  
 Northfield MN 55057-3349

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 430.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXYC5

Amount of Each Receipt this Period

25.00
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\* Earmarked Contribution: See Below

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

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

135.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 382110		Transaction ID : VN8A3CRXYC5E
City Cambridge	State MA	
Zip Code 02238-2110		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Name of Employer	Occupation Conduit total listed in Agg. field	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14251.09	

Full Name (Last, First, Middle Initial) <b>Jacqueline Rudman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 12123 Troon Cir		Transaction ID : VN8A3CPJA24
City Rancho Mirage	State CA	
Zip Code 92270-1505		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Asad Sadiq</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 709 Worthington Dr		Transaction ID : VN8A3CK21K6
City Moorestown	State NJ	
Zip Code 08057-4409		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....		2000.00
TOTAL This Period (last page this line number only).....		

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Omer Saeed Mirza**

Mailing Address 4130 Maple Woods Dr W

City  
 Saginaw

State  
 MI

Zip Code  
 48603-9308

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 NE Pulmonary Assoc.

Occupation  
 PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 / 12 / 2014

Transaction ID : VN8A3CQ99M5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Janis H Sarles**

Mailing Address 1225 Lasalle Ave  
 Apt 2003

City  
 Minneapolis

State  
 MN

Zip Code  
 55403-2332

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 28 / 2014

Transaction ID : VN8A3CKS4T9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Mehmet Satoglu**

Mailing Address 96 S Calder Way

City  
 Phoenixville

State  
 PA

Zip Code  
 19460-5639

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 The Leading Path

Occupation  
 IT Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 27 / 2014

Transaction ID : VN8A3CNVYT6

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>J. Diane Savage</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 222 2nd St SE Apt 403		<b>Transaction ID : VN8A3CNF6S0</b>	
City Minneapolis	State MN	Zip Code 55414-5186	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jane Savitt</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address N190 E Cedar Springs Dr		<b>Transaction ID : VN8A3CMW816</b>	
City Neshkoro	State WI	Zip Code 54960-7345	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 190.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jane Savitt</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address N190 E Cedar Springs Dr		<b>Transaction ID : VN8A3CRPX78</b>	
City Neshkoro	State WI	Zip Code 54960-7345	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		85.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mary T Schertler</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 25 / 2014</b>
Mailing Address 2800 Hamline Ave N Apt 226		<b>Transaction ID : VN8A3CKP2G3</b>
City Roseville	State MN	
Zip Code 55113-1742		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Joyce E Schlagel</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 09 / 2014</b>
Mailing Address 701 3rd Ave E		<b>Transaction ID : VN8A3CQJFD2</b>
City Ada	State MN	
Zip Code 56510-1118		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Joyce Schnobrich</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 07 / 2014</b>
Mailing Address 50 Alta Rd		<b>Transaction ID : VN8A3CJJC52</b>
City Berkeley	State CA	
Zip Code 94708-1204		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NA	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	230.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**Full Name (Last, First, Middle Initial)  
**A. Annette D Schoenberger**

Mailing Address 2119 Shannon Dr

City	State	Zip Code
Saint Cloud	MN	56301-4795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2014

Transaction ID : VN8A3CMD6V7

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)  
**B. Kay R Schraffenberger**

Mailing Address 9039 Whispering Pine Ct

City	State	Zip Code
Manassas	VA	20110-4885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRR057

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)  
**C. Judith G Screaton**

Mailing Address 2474 Oakgreen Ave N

City	State	Zip Code
Stillwater	MN	55082-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
none

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2014

Transaction ID : VN8A3CKQBP8

Amount of Each Receipt this Period

100.00

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

350.00

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

Use separate schedule(s)  
for each category of the  
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☒ 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)  
**Alice Sedgewick Wohl**

Mailing Address 12 Long Pond Rd

City Housatonic State MA Zip Code 01236-9763

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Independent Scholar

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt

M M / D D / Y Y Y Y  
05 07 2014

Transaction ID : VN8A3CMH3W1

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Alice Sedgewick Wohl**

Mailing Address 12 Long Pond Rd

City Housatonic State MA Zip Code 01236-9763

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Independent Scholar

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
06 04 2014

Transaction ID : VN8A3CPJ9Y2

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Rehan Shafique**

Mailing Address 9788 Lipsey Cv

City Germantown State TN Zip Code 38139-8076

FEC ID number of contributing federal political committee. **C**

Name of Employer Kidney Care Consultants Occupation Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 21 2014

Transaction ID : VN8A3CKCD19

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress****A.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address 2330 Sioux Trl NW

City	State	Zip Code
Prior Lake	MN	55372-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJK1S5

Amount of Each Receipt this Period

2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address 2330 Sioux Trl NW

City	State	Zip Code
Prior Lake	MN	55372-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJK2R0

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Tariq Shamma SE, PE**

Mailing Address PO Box 78071

City	State	Zip Code
Corona	CA	92877-0135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TMS Consortium

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2014

Transaction ID : VN8A3CP3SF1

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Sameer Shamsi**

Mailing Address 100 W 26th St  
 Apt 9F

City	State	Zip Code
New York	NY	10001-6841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UBS

Occupation  
 Investment Banker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ96H5

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Nora W. Shattuck**

Mailing Address 231 Forge Hill Rd

City	State	Zip Code
Lincoln	VT	05443-9184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWKE2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Aamer H Sheikh**

Mailing Address 8041 259th St

City	State	Zip Code
Floral Park	NY	11004-1237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Quinnipiac University

Occupation  
 Accounting Professor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK20V8

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3350.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Mazen M Shoukfeh

Mailing Address 5443 Crispin Way Rd

City

West Bloomfield

State

MI

Zip Code

48323-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northpointe Heart Center

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CS4AB1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

William L Shuman

Mailing Address 217 N Oklahoma Way

City

Fayetteville

State

AR

Zip Code

72701-4448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Tech University

Occupation

Professor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : VN8A3CNB753

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Danish Siddiqui

Mailing Address 3126 E Poplar Lake Dr

City

Germantown

State

TN

Zip Code

38138-7709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hilton Worldwide

Occupation

IT Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCD27

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>Riasat Siddiqui</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 14 / 2014</b>
Mailing Address <b>3126 E Poplar Lake Dr</b>		<b>Transaction ID : VN8A3CJX3W1</b>
City <b>Germantown</b>	State <b>TN</b>	Zip Code <b>38138-7709</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Self</b>	Occupation <b>Architect</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>Riaz Ahmed Siddiqui</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>80 Brophy Dr</b>		<b>Transaction ID : VN8A3CRB530</b>
City <b>Ewing</b>	State <b>NJ</b>	Zip Code <b>08638-1242</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>125.00</b>
Name of Employer <b>Coldwell Banker</b>	Occupation <b>Sales Associate</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>225.00</b>	

Full Name (Last, First, Middle Initial) <b>Sehrish Siddiqui</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address <b>3126 E Poplar Lake Dr</b>		<b>Transaction ID : VN8A3CKCD01</b>
City <b>Germantown</b>	State <b>TN</b>	Zip Code <b>38138-7709</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Bass Berry Sims</b>	Occupation <b>Attorney</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Ashok K Singh

Mailing Address 2802 241st PI SW

City

State

Zip Code

Brier

WA

98036-8430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ9794

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bonnie L Skelton

Mailing Address 2345 Sumter Ave S

City

State

Zip Code

Saint Louis Park

MN

55426-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKHY80

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. George Skorezewski

Mailing Address 3927 130th Ave

City

State

Zip Code

Hendricks

MN

56136-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : VN8A3CRB6K7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>James Skridulis</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 1013 College Blvd		<b>Transaction ID : VN8A3CKE348</b>	
City Lawrence	State KS	Zip Code 66049-3301	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer James Engineering	Occupation Engineer/Project Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jenella Slade</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014	
Mailing Address 2154 Parklands Ln		<b>Transaction ID : VN8A3CMMDX6</b>	
City St Louis Park	State MN	Zip Code 55416-3857	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 240.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Brett A Smith</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 5300 Irving Ave S		<b>Transaction ID : VN8A3CRXYP4</b>	
City Minneapolis	State MN	Zip Code 55419-1130	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 360.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXP4E

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Franklin P Smith

B.

Mailing Address 9631 SW 77th Ave

Apt 304-C

City

Miami

State

FL

Zip Code

33156-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKTJY8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Franklin P Smith

C.

Mailing Address 9631 SW 77th Ave

Apt 304-C

City

Miami

State

FL

Zip Code

33156-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2014

Transaction ID : VN8A3CPXTJ2

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

Franklin P Smith

A.

Mailing Address 9631 SW 77th Ave

Apt 304-C

City

Miami

State

FL

Zip Code

33156-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRVQ69

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

Kathleen Smith

B.

Mailing Address 5909 Prairie Ridge Dr

City

Shoreview

State

MN

Zip Code

55126-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : VN8A3CKHYR6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Kathleen Smith

C.

Mailing Address 5909 Prairie Ridge Dr

City

Shoreview

State

MN

Zip Code

55126-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR7M73

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

235.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 168 OF 282

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Sheila A Smith

Mailing Address 5541 Summerhill Dr

City

Los Angeles

State

CA

Zip Code

90043-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWRK2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

Joyce Soliman

Mailing Address 415 W Prospect St

City

Lake Mills

State

WI

Zip Code

53551-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : VN8A3CM9PK9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Joyce Soliman

Mailing Address 415 W Prospect St

City

Lake Mills

State

WI

Zip Code

53551-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWW01

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

140.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce Soliman**

Mailing Address 415 W Prospect St

City Lake Mills	State WI	Zip Code 53551-1054
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR7P85

Amount of Each Receipt this Period

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Arlene M Solomon**

Mailing Address 5501 E El Cedral St

City Long Beach	State CA	Zip Code 90815-4113
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : VN8A3CM7VW5

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Arlene M Solomon**

Mailing Address 5501 E El Cedral St

City Long Beach	State CA	Zip Code 90815-4113
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : VN8A3CRB8Q4

Amount of Each Receipt this Period

250.00
--------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

550.00
--------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mary Stark</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 6106 Park Ave		<b>Transaction ID : VN8A3CQJE17</b>	
City Minneapolis	State MN	Zip Code 55417-3125	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert C. Steinman MD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 412 Ruth Ridge Dr		<b>Transaction ID : VN8A3CPC6H6</b>	
City Lancaster	State PA	Zip Code 17601-3634	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 380.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Melvin L Strand</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 13342 382nd Ave		<b>Transaction ID : VN8A3CRXTB2</b>	
City Waseca	State MN	Zip Code 56093-4200	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 240.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 145.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXTB2E

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Neut Strandemo**

Mailing Address 9835 Conrad Ave

City

Inver Grove Heights

State

MN

Zip Code

55076-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strandemo, Sherdian and Dulas

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWS54

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Peggy Stubs**

Mailing Address 208 Saint Mark Way

City

Westminster

State

MD

Zip Code

21158-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : VN8A3CJX4D6

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Peggy Stubs**

Mailing Address 208 Saint Mark Way

City

Westminster

State

MD

Zip Code

21158-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : VN8A3CMXZ97

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Peggy Stubs**

Mailing Address 208 Saint Mark Way

City

Westminster

State

MD

Zip Code

21158-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2014

Transaction ID : VN8A3CQED62

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Adnan Sultan**Mailing Address 205 W 119th St  
Apt 8C

City

New York

State

NY

Zip Code

10026-1249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Bronx Defenders

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : VN8A3CQ96A2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 173 OF 282

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

A. Ibrahim A Sultan-Ali

Mailing Address 9692 Woodland Vista Dr

City

Cordova

State

TN

Zip Code

38018-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sleep Help Center

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : VN8A3CKCCV2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Abu I. Syed

Mailing Address 3229 Riverside Station Blvd

City

Secaucus

State

NJ

Zip Code

07094-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ConnectCloud

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : VN8A3CP4NY7

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Ali Naqi Syed

Mailing Address 100 Indian Trail Rd

City

Oak Brook

State

IL

Zip Code

60523-2777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avlon Industries

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : VN8A3CK2DR3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1535.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 174 OF 282

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jainullabdin Syed</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 1535 Kinney Dr		<b>Transaction ID : VN8A3CQ99X6</b>	
City Essexville	State MI	Zip Code 48732-1909	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Zahid Syed</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 69 Lloyd Ct		<b>Transaction ID : VN8A3CP3CT1</b>	
City East Meadow	State NY	Zip Code 11554-1508	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self-Employed	Occupation Sales		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mohammad Z Tabibi</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 8605 Menteith Ter		<b>Transaction ID : VN8A3CS6TV7</b>	
City Miami Lakes	State FL	Zip Code 33016-1427	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer COTO Pharmacy Inc	Occupation General Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 340.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 780.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 175 OF 282

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shahid Tahir**  
 Mailing Address 3840 Manchester Ct

City State Zip Code  
 Bloomfield Hills MI 48302-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Home Healthcare

Occupation  
 CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 12 2014

Transaction ID : VN8A3CQ97P7

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony J Thompson**  
 Mailing Address 5101 Beard Ave S

City State Zip Code  
 Minneapolis MN 55410-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 retired

Occupation  
 retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 29 2014

Transaction ID : VN8A3CKXYZ7

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
**Anthony J Thompson**  
 Mailing Address 5101 Beard Ave S

City State Zip Code  
 Minneapolis MN 55410-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 retired

Occupation  
 retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

335.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 16 2014

Transaction ID : VN8A3CQGH7

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

575.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul G Thompson**

Mailing Address 6945 Harriet Ave

City State Zip Code  
 Minneapolis MN 55423-2344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : VN8A3CKP224

Amount of Each Receipt this Period

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Gilliat Thornally**

Mailing Address 3009 Mission St  
 Apt 304

City State Zip Code  
 San Francisco CA 94110-4546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Recology San Francisco Security Guard

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : VN8A3CN4E05

Amount of Each Receipt this Period

100.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**George Tiers**

Mailing Address 165 Cleveland Ave S

City State Zip Code  
 Saint Paul MN 55105-1103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMW7P1

Amount of Each Receipt this Period

100.00
--------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00
--------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>William Tilton</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		13		2014
M M M	/	D D D	/	Y Y Y Y Y									
04		13		2014									
Mailing Address 195 Chatsworth St S # 1		<b>Transaction ID : VN8A3CJWDZ8</b>											
City Saint Paul	State MN	Zip Code 55105-3224											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00											
Name of Employer Tilton & Dunn PLLP	Occupation Attorney												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>William Tilton</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		13		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		13		2014									
Mailing Address 195 Chatsworth St S # 1		<b>Transaction ID : VN8A3CMW4A0</b>											
City Saint Paul	State MN	Zip Code 55105-3224											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00											
Name of Employer Tilton & Dunn PLLP	Occupation Attorney												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1150.00												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>William Tilton</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		13		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		13		2014									
Mailing Address 195 Chatsworth St S # 1		<b>Transaction ID : VN8A3CQCW86</b>											
City Saint Paul	State MN	Zip Code 55105-3224											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00											
Name of Employer Tilton & Dunn PLLP	Occupation Attorney												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		150.00											
<b>TOTAL</b> This Period (last page this line number only).....													

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**Robert J Tollefson**

Mailing Address 1309 W 5th St

City

Storm Lake

State

IA

Zip Code

50588-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP4V4

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**Robert J Tollefson**

Mailing Address 1309 W 5th St

City

Storm Lake

State

IA

Zip Code

50588-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : VN8A3CR0B12

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**Gail Tomberg**

Mailing Address 5 Stone Brook Ln

City

Cos Cob

State

CT

Zip Code

06807-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPCQ17

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Elaine Towns

Mailing Address 4229 Creed Ave

City

Los Angeles

State

CA

Zip Code

90008-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : VN8A3CKSX72

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

J G Tracy

Mailing Address 3881 San Ysidro Way

City

Sacramento

State

CA

Zip Code

95864-5259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJJC78

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

J G Tracy

Mailing Address 3881 San Ysidro Way

City

Sacramento

State

CA

Zip Code

95864-5259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : VN8A3CPC865

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....

105.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

J G Tracy

A.

Mailing Address 3881 San Ysidro Way

City

Sacramento

State

CA

Zip Code

95864-5259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : VN8A3CR0EP3

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

James Trench

B.

Mailing Address 6738 Wentworth Ave

City

Richfield

State

MN

Zip Code

55423-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : VN8A3CMP3M6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Ebubekir Tuncer

C.

Mailing Address 2021 Buckingham Dr

City

Mars

State

PA

Zip Code

16046-7155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Turkish American Chamber of Com

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : VN8A3CPFBK7

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2685.00

FOR LINE NUMBER:  
(check only one)

Diagram illustrating a 2x5 grid of boxes. The top row contains boxes labeled 11a, 11b, 11c, 11d, and 15. The bottom row contains boxes labeled 12, 13a, 13b, 14, and 15. The box labeled 11a contains an 'X'.

NAME OF COMMITTEE (In Full)  
Ellison for Congress

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela Twiss**

Mailing Address 5244 41st Ave S

City Minneapolis	State MN	Zip Code 55417-2206
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National People's Action	Occupation Community Organizer
--	-----------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRNH10

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
**Nina Rothschild Utne**

Mailing Address 4025 Linden Hills Blvd

City Minneapolis	State MN	Zip Code 55410-1247
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Writer And Investor
-----------------------------------	-----------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRXZ86

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
14251.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CRXZ86E

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

270.00
--------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Walter Van Slyke

A.

Mailing Address 225 S Humphrey Ave

City

Oak Park

State

IL

Zip Code

60302-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Van Slyke Consulting

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : VN8A3CMMFH5

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Mary W. Vaughan

B.

Mailing Address 510 Groveland Ave

City

Minneapolis

State

MN

Zip Code

55403-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : VN8A3CM7KP1

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

Mary W. Vaughan

C.

Mailing Address 510 Groveland Ave

City

Minneapolis

State

MN

Zip Code

55403-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : VN8A3CM7TW2

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Joanne Von Blon</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 700 S 2nd St Apt 81		<b>Transaction ID : VN8A3CKHYH1</b>	
City Minneapolis	State MN	Zip Code 55401-2267	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Sylvia Walker</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 2301 10th St NW Apt 120		<b>Transaction ID : VN8A3CMP5E5</b>	
City Austin	State MN	Zip Code 55912-2191	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Sylvia Walker</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 2301 10th St NW Apt 120		<b>Transaction ID : VN8A3CS6WQ1</b>	
City Austin	State MN	Zip Code 55912-2191	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		350.00	
<b>TOTAL</b> This Period (last page this line number only).....			



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>H. William Walter</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 5229 Morgan Ave S		<b>Transaction ID : VN8A3CKS4Y1</b>	
City Minneapolis	State MN	Zip Code 55419-1026	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Realty Investors, Inc.	Occupation Real Estate Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Phyllis A Ward</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 1806 Kirklyn Dr		<b>Transaction ID : VN8A3CR7945</b>	
City San Jose	State CA	Zip Code 95124-1233	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>David M Waterbury</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 3830 W Calhoun Pkwy		<b>Transaction ID : VN8A3CKHYT2</b>	
City Minneapolis	State MN	Zip Code 55410-1171	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2300.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

Howard Weiner

A.

Mailing Address PO Box 9631

City

Rancho Santa Fe

State

CA

Zip Code

92067-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shared Ventures, Inc.Occupation  
Business Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2014

Transaction ID : VN8A3CP4EH2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Diann L Weinman

B.

Mailing Address 4310 NW 6th Dr

City

Des Moines

State

IA

Zip Code

50313-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
none

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : VN8A3CJC4X9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Diann L Weinman

C.

Mailing Address 4310 NW 6th Dr

City

Des Moines

State

IA

Zip Code

50313-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
none

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : VN8A3CRXSJ4

Amount of Each Receipt this Period

50.00

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

14251.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRXSJ4E

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Elizabeth B Weinstock**

Mailing Address 37 Kendal Dr

City

Oberlin

State

OH

Zip Code

44074-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : VN8A3CRPN30

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Dobson West Sr**

Mailing Address 1700 Mount Curve Ave

City

Minneapolis

State

MN

Zip Code

55403-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : VN8A3CM0GZ9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

A. Full Name (Last, First, Middle Initial)  
**Norman D. Whealy**

Mailing Address 1937 S Owyhee St

City	State	Zip Code
Boise	ID	83705-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : VN8A3CNYKA9

Amount of Each Receipt this Period

35.00

B. Full Name (Last, First, Middle Initial)  
**Norman D. Whealy**

Mailing Address 1937 S Owyhee St

City	State	Zip Code
Boise	ID	83705-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : VN8A3CR78K2

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)  
**Eugene Wiese**

Mailing Address 6316 Walnut Bend Ter

City	State	Zip Code
Midlothian	VA	23112-2391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : VN8A3CMWM62

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

105.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>Eugene Wiese</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 03 / 2014</b>
Mailing Address <b>6316 Walnut Bend Ter</b>		<b>Transaction ID : VN8A3CPF3V5</b>
City <b>Midlothian</b>	State <b>VA</b>	Zip Code <b>23112-2391</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>35.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>310.00</b>	

Full Name (Last, First, Middle Initial) <b>Donald A Wikgren</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>1031 Anderson Dr</b> <b>Apt B209</b>		<b>Transaction ID : VN8A3CPCCQ6</b>
City <b>Green Bay</b>	State <b>WI</b>	Zip Code <b>54304-5008</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>Donald A Wikgren</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>1031 Anderson Dr</b> <b>Apt B209</b>		<b>Transaction ID : VN8A3CRB6F5</b>
City <b>Green Bay</b>	State <b>WI</b>	Zip Code <b>54304-5008</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>400.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>235.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 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)  
**Philip H H. Willkie**  
Mailing Address 2625 Newton Ave S

City State Zip Code  
Minneapolis MN 55405-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pulse

Occupation  
Associate Publisher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y  
04 28 2014

Transaction ID : VN8A3CKS1Z2

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Helen Wilson**  
Mailing Address 2399 Harris Rd

City State Zip Code  
Mariposa CA 95338-9761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M / D D / Y Y Y Y  
04 05 2014

Transaction ID : VN8A3CJEZA3

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
**Helen Wilson**  
Mailing Address 2399 Harris Rd

City State Zip Code  
Mariposa CA 95338-9761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M / D D / Y Y Y Y  
05 05 2014

Transaction ID : VN8A3CMD1Y0










Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

550.00

	11a		11b		11c		11d		15
	12		13a		13b		14		

NAME OF COMMITTEE (In Full)  
Ellison for Congress

Election Cycle-to-Date

285.00



25.00

Election Cycle-to-Date

Category	Value
1	100
2	150
3	200
4	250
5	300
6	350
7	400
8	450
9	500
10	550
11	600
12	650
13	700
14	750
15	800
16	850
17	900
18	950
19	1000
20	1050
21	1100
22	1150
23	1200
24	1250
25	1300
26	1350
27	1400
28	1450
29	1500
30	1550
31	1600
32	1650
33	1700
34	1750
35	1800
36	1850
37	1900
38	1950
39	2000
40	2050
41	2100
42	2150
43	2200
44	2250
45	2300
46	2350
47	2400
48	2450
49	2500
50	2550
51	2600
52	2650
53	2700
54	2750
55	2800
56	2850
57	2900
58	2950
59	3000
60	3050
61	3100
62	3150
63	3200
64	3250
65	3300
66	3350
67	3400
68	3450
69	3500
70	3550
71	3600
72	3650
73	3700
74	3750
75	3800
76	3850
77	3900
78	3950
79	4000
80	4050
81	4100
82	4150
83	4200
84	4250
85	4300
86	4350
87	4400
88	4450
89	4500
90	4550
91	4600
92	4650
93	4700
94	4750
95	4800
96	4850
97	4900
98	4950
99	5000

500.00

Election Cycle-to-Date

Year	Value
2000	100
2001	150
2002	200
2003	250
2004	300
2005	350
2006	400
2007	450
2008	500
2009	550
2010	600
2011	650
2012	700
2013	750
2014	800
2015	850
2016	900
2017	950
2018	1000
2019	1050
2020	1100

825.00

Age Group	Percentage
18-24	1.5%
25-34	2.5%
35-44	3.5%
45-54	4.5%
55-64	5.5%
65-74	6.5%
75-84	7.5%
85+	8.5%

The diagram shows a rectangular frame with 12 nodes and 18 members. The nodes are arranged in three rows of four. The top row of nodes is connected by 6 horizontal members. The middle row of nodes is connected by 6 horizontal members. The bottom row of nodes is connected by 6 horizontal members. Additionally, there are 6 vertical members connecting the top row to the middle row, and 6 vertical members connecting the middle row to the bottom row. The nodes are numbered 1 through 12 in a specific sequence: 1, 2, 3, 4 in the top row; 5, 6, 7, 8 in the middle row; and 9, 10, 11, 12 in the bottom row. The members are numbered 1 through 18 in a specific sequence: 1-6 are horizontal members on the top; 7-12 are vertical members connecting the top and middle rows; 13-18 are horizontal members on the bottom.

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jean Wylie</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		25		2014
M M M	/	D D D	/	Y Y Y Y Y									
04		25		2014									
Mailing Address 4300 W River Pkwy Apt 363		<b>Transaction ID : VN8A3CMMDB4</b>											
City Minneapolis	State MN	Zip Code 55406-3680											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00											
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 845.00												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jean Wylie</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		13		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		13		2014									
Mailing Address 4300 W River Pkwy Apt 363		<b>Transaction ID : VN8A3CMTAW8</b>											
City Minneapolis	State MN	Zip Code 55406-3680											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00											
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 855.00												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jean Wylie</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		23		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		23		2014									
Mailing Address 4300 W River Pkwy Apt 363		<b>Transaction ID : VN8A3CQJDG3</b>											
City Minneapolis	State MN	Zip Code 55406-3680											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00											
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 875.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		50.00											
<b>TOTAL</b> This Period (last page this line number only).....													



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jean Wylie</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 4300 W River Pkwy Apt 363		<b>Transaction ID : VN8A3CQCW94</b>	
City Minneapolis	State MN	Zip Code 55406-3680	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 885.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jean Wylie</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 4300 W River Pkwy Apt 363		<b>Transaction ID : VN8A3CS6X28</b>	
City Minneapolis	State MN	Zip Code 55406-3680	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 905.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ellen Zablow</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 305 W 28th St Apt 18H		<b>Transaction ID : VN8A3CNYHM3</b>	
City New York	State NY	Zip Code 10001-7935	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 335.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		65.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ellen Zablow</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 305 W 28th St Apt 18H City New York State NY Zip Code 10001-7935		<b>Transaction ID : VN8A3CP6S38</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00	
Name of Employer N/A		Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 370.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Nadeem Zafar</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 9456 Hedgegrove Cv City Germantown State TN Zip Code 38139-5540		<b>Transaction ID : VN8A3CKCC18</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer UT Memphis		Occupation Pathologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Syed Z Zaheer</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 21 Keller Ln City Dobbs Ferry State NY Zip Code 10522-2509		<b>Transaction ID : VN8A3CKYAQ8</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Paragon Marketing		Occupation Principal	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		785.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Syeda Zaidi**

Mailing Address 57 Morrison St

City Closter	State NJ	Zip Code 07624-1128
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

**Transaction ID : VN8A3CK20Z0**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Bassem Zanjani**

Mailing Address 2838 Fremont Ave S  
Unit 318

City Minneapolis	State MN	Zip Code 55408-4809
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Creative Capital, LLC	Occupation Vice President, Business Development a
---	--

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

**Transaction ID : VN8A3CKS4H8**

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Harold Zarembor**

Mailing Address 5 E 82nd St  
Apt 4

City New York	State NY	Zip Code 10028-0342
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Arnell Lonst. Corp.	Occupation Engineer
---	------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

**Transaction ID : VN8A3CNF3Q8**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Muhammad T Zia</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 330 Chestnut Ct			<b>Transaction ID : VN8A3CS6XC7</b>	
City	State	Zip Code	Amount of Each Receipt this Period 10.00	
Yorktown Heights	NY	10598-4941		
FEC ID number of contributing federal political committee.				
Name of Employer Westchester Medical Center			Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 210.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Khaled Zreik</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 3959 W Broadway Ave			<b>Transaction ID : VN8A3CKERP2</b>	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Minneapolis	MN	55422-2209		
FEC ID number of contributing federal political committee.				
Name of Employer Essentia Health			Occupation General Surgeon	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 350.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Tanveer Zubair</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 6268 Shetland Dr NW			<b>Transaction ID : VN8A3CS6WA9</b>	
City	State	Zip Code	Amount of Each Receipt this Period 200.00	
Rochester	MN	55901-5593		
FEC ID number of contributing federal political committee.				
Name of Employer Imb			Occupation Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			460.00	
<b>TOTAL</b> This Period (last page this line number only).....			136868.37	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. American Federation of Government Employees PAC**

Mailing Address 80 F St NW

City State Zip Code  
 Washington DC 20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00009936

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 02 2014

Transaction ID : VN8A3CHPC78

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION**

Mailing Address 555 New Jersey Ave NW

City State Zip Code  
 Washington DC 20001-2029

FEC ID number of contributing  
federal political committee.

**C** C00028860

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 26 2014

Transaction ID : VN8A3CRB6V0

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. American Federaton of State County and Municipal Employees PAC**

Mailing Address 1625 L St NW

City State Zip Code  
 Washington DC 20036-5665

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 17 2014

Transaction ID : VN8A3CK51Z4

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)  
 AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

**A.**

Mailing Address 1111 N Fairfax St

City	State	Zip Code
Alexandria	VA	22314-1484

FEC ID number of contributing federal political committee.

**C** C00012880

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : VN8A3CNWG48

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
**American Postal Workers Union (APWU)**

Mailing Address 1300 L St NW  
 Ste 200

City	State	Zip Code
Washington	DC	20005-4128

FEC ID number of contributing federal political committee.

**C** C00010322

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : VN8A3CJK1H2

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
 BAKERY, CONFECTIONERY, TOBACCO WORKERS AND GRAIN MILLERS INTERNATIONAL UNION

Mailing Address 10401 Connecticut Ave

City	State	Zip Code
Kensington	MD	20895-3961

FEC ID number of contributing federal political committee.

**C** C00127621

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : VN8A3CQ5Y00

Amount of Each Receipt this Period

1000.00

**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)  
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12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)  
 Carpenters Legislative Improvement Committee United Brotherhood of Carpenters and Joiners

**A.** Mailing Address 101 Constitution Ave NW

City State Zip Code  
 Washington DC 20001-2147

FEC ID number of contributing  
federal political committee.

**C** C00001016

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 14 2014

Transaction ID : VN8A3CJXC17

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** **Communications Workers of America-COPE**

Mailing Address 501 3rd St NW

City State Zip Code  
 Washington DC 20001-2760

FEC ID number of contributing  
federal political committee.

**C** C00002089

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 02 2014

Transaction ID : VN8A3CHPC86

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** **D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION**

Mailing Address 25 Louisiana Ave NW

City State Zip Code  
 Washington DC 20001-2130

FEC ID number of contributing  
federal political committee.

**C** C00032979

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 07 2014

Transaction ID : VN8A3CJK2A9

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**INTERNATIONAL COUNCIL OF SHOPPING CENTERS PAC (ICSC PAC)**

A.

Mailing Address 665 5th Ave

City

New York

State

NY

Zip Code

10022-5305

FEC ID number of contributing  
federal political committee.

**C** C00217638

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2014

Transaction ID : VN8A3CS4AF3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JStreetPAC**

B.

Mailing Address PO Box 33106

City

Washington

State

DC

Zip Code

20033-0106

FEC ID number of contributing  
federal political committee.

**C** C00441949

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 09 / 2014

Transaction ID : VN8A3CJPV80

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**League of Conservation Voters**

C.

Mailing Address 1920 L St NW  
Ste 800

City

Washington

State

DC

Zip Code

20036-5045

FEC ID number of contributing  
federal political committee.

**C** C00252940

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2014

Transaction ID : VN8A3CSP8S9

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lockridge Grindal Nauen Political Fund**

Mailing Address 100 Washington Ave S

City State Zip Code  
Minneapolis MN 55401-2110

FEC ID number of contributing  
federal political committee.

**C** C00167916

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6194.25

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

**Transaction ID : VN8A3CRVDC5**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Machinists Non Partisan Pol League of the Int'l Assn. of Machinists and Aerospace Workers**

Mailing Address 9000 Machinists Pl

City State Zip Code  
Upper Marlboro MD 20772-2675

FEC ID number of contributing  
federal political committee.

**C** C00002469

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 05 2014

**Transaction ID : VN8A3CMD722**

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
**NARAL Pro-Choice America PAC**

Mailing Address 1156 15th St NW  
Ste 700

City State Zip Code  
Washington DC 20005-1727

FEC ID number of contributing  
federal political committee.

**C** C00079541

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 28 2014

**Transaction ID : VN8A3CK5B3**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional).....

7500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Ave

City State Zip Code  
 Chicago IL 60611-4087

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 27 2014

Transaction ID : VN8A3CRG6D1

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M St NW  
 Ste 540

City State Zip Code  
 Washington DC 20036-5816

FEC ID number of contributing  
federal political committee.

**C** C00130773

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 30 2014

Transaction ID : VN8A3CSP995

Amount of Each Receipt this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Nurses United PAC - A Fund For A Healthy America**

Mailing Address 8630 Fenton St  
 Ste 1100

City State Zip Code  
 Silver Spring MD 20910-3836

FEC ID number of contributing  
federal political committee.

**C** C00446237

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2750.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 13 2014

Transaction ID : VN8A3CMWCJ9

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

4250.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

A. Full Name (Last, First, Middle Initial)  
**National Nurses United PAC - A Fund For A Healthy America**

Mailing Address 8630 Fenton St  
 Ste 1100

City State Zip Code  
 Silver Spring MD 20910-3836

FEC ID number of contributing  
federal political committee.

**C** C00446237

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 25 2014

Transaction ID : VN8A3CR77Z4

Amount of Each Receipt this Period

2250.00

B. Full Name (Last, First, Middle Initial)  
**NEA Fund for Children and Public Education**

Mailing Address 1201 16th St NW

City State Zip Code  
 Washington DC 20036-3290

FEC ID number of contributing  
federal political committee.

**C** C00003251

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 26 2014

Transaction ID : VN8A3CRB6Z2

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)  
**Thrivent Financial for Lutherans Employee PAC**

Mailing Address PO Box 1892

City State Zip Code  
 Appleton WI 54912-1892

FEC ID number of contributing  
federal political committee.

**C** C00121319

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 27 2014

Transaction ID : VN8A3CNWG72

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional).....

8250.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ellison for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Treasury Employees PAC**

Mailing Address 1750 H St NW

City Washington	State DC	Zip Code 20006-4600
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : VN8A3CQ9AZ5

Amount of Each Receipt this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address 8000 E Jefferson Ave

City Detroit	State MI	Zip Code 48214-3963
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : VN8A3CS49W3

Amount of Each Receipt this Period

3000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**Unite Here Tip Campaign Committee**

Mailing Address 312 Central Ave SE

City Minneapolis	State MN	Zip Code 55414-1025
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8A3CJK1Y5

Amount of Each Receipt this Period

5000.00
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9000.00
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48500.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

SFM Risk Solutions

A.

Mailing Address 3500 American Blvd W  
Ste 700

City	State	Zip Code
Minneapolis	MN	55431-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1196.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2014

Transaction ID : VN8A3CS4766

Amount of Each Receipt this Period

1196.00

Refund

Full Name (Last, First, Middle Initial)

St. Paul Development Company

B.

Mailing Address 1818 Grand Ave

City	State	Zip Code
Saint Paul	MN	55105-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : VN8A3CS8SQ8

Amount of Each Receipt this Period

1100.00

Refund

Full Name (Last, First, Middle Initial)

United Airlines

C.

Mailing Address 77 W Wacker Dr  
Ste MEZZ

City	State	Zip Code
Chicago	IL	60601-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : VN8A3CS8T09

Amount of Each Receipt this Period

600.00

Refund

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2896.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 206 OF 282

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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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)  
**United Airlines**

A.

Mailing Address **77 W Wacker Dr**  
**Ste MEZZ**

City State Zip Code  
**Chicago IL 60601-1732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1103.00**

Date of Receipt

**06 / 02 / 2014**

Transaction ID : VN8A3CS4709

Amount of Each Receipt this Period

**503.00**

Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**503.00**

**3399.00**

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 282

<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. 1-800-Flowers.com**Mailing Address 1 Old Country Rd  
Ste 500City State Zip Code  
Carle Place NY 11514-1847Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

93.25
-------

Transaction ID : VN7AV9S3JA8

**B. 1-800-Flowers.com**Mailing Address 1 Old Country Rd  
Ste 500City State Zip Code  
Carle Place NY 11514-1847Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

131.95
--------

Transaction ID : VN7AV9S3JB6

**C. 1-800-Flowers.com**Mailing Address 1 Old Country Rd  
Ste 500City State Zip Code  
Carle Place NY 11514-1847Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

44.98
-------

Transaction ID : VN7AV9S3JC4

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

270.18

# **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 208 OF 282

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

## **A. 1-800-Flowers.com**

Mailing Address 1 Old Country Rd  
Ste 500

City State Zip Code  
Carle Place NY 11514-1847

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 05 2014

Amount of Each Disbursement this Period

48.98

Transaction ID : VN7AV9SCZY7

## **B. Acorn Mini Storage**

Mailing Address 4652 Lyndale Ave N

City State Zip Code  
Minneapolis MN 55412-1441

Purpose of Disbursement  
Storage Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 15 2014

Amount of Each Disbursement this Period

113.00

Transaction ID : VN7AV9S1VD7

## **c. Acorn Mini Storage**

Mailing Address 4652 Lyndale Ave N

City State Zip Code  
Minneapolis MN 55412-1441

Purpose of Disbursement  
Storage Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
05 19 2014

Amount of Each Disbursement this Period

113.00

Transaction ID : VN7AV9S7Z32

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

274.98



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 OF 282

<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. ACT Mpls Park & Rec**

Mailing Address 2117 W River Rd

City	State	Zip Code
Minneapolis	MN	55414-3705

Purpose of Disbursement  
Event Expense - Facility

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

242.49
--------

Transaction ID : VN7AV9S1T69

**B. ACT Mpls Park & Rec**

Mailing Address 2117 W River Rd

City	State	Zip Code
Minneapolis	MN	55414-3705

Purpose of Disbursement  
Event Expense - Facility

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

610.00
--------

Transaction ID : VN7AV9S7XP7

**c. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2014

Amount of Each Disbursement this Period

3.43
------

Transaction ID : VN7AV9S1TY9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

855.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 210 OF 282

<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. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2014

Amount of Each Disbursement this Period

0.28
------

Transaction ID : VN7AV9S1V21

**B. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2014

Amount of Each Disbursement this Period

0.40
------

Transaction ID : VN7AV9S3JV2

**C. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2014

Amount of Each Disbursement this Period

5.98
------

Transaction ID : VN7AV9S8019

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6.66
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 211 OF 282

<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. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2014

Amount of Each Disbursement this Period

0.68
------

Transaction ID : VN7AV9S8027

**B. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2014

Amount of Each Disbursement this Period

0.40
------

Transaction ID : VN7AV9S8035

**C. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2014

Amount of Each Disbursement this Period

14.15
-------

Transaction ID : VN7AV9SD1T9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 282

<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. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2014

Amount of Each Disbursement this Period

4.76
------

Transaction ID : VN7AV9SD1V6

**B. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2014

Amount of Each Disbursement this Period

43.36
-------

Transaction ID : VN7AV9SD1W4

**C. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2014

Amount of Each Disbursement this Period

42.55
-------

Transaction ID : VN7AV9SD1X2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

90.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 213 OF 282

<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. Actblue Technical**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

449.41
--------

Transaction ID : VN7AV9SD1Y0

**B. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

7353.04
---------

Transaction ID : VN7AV9S1SN5

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

2488.54
---------

Transaction ID : VN7AV9S1SP3

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7802.45
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 282

<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. Dinah M Dale**Mailing Address 5610 Laurel Ave  
321City State Zip Code  
Golden Valley MN 55416-1048Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

2240.18
---------

Transaction ID : VN7AV9S1SQ1

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. David A Leonard**Mailing Address 7425 Oak Park Village Dr  
Apt 3City State Zip Code  
Saint Louis Park MN 55426-4142Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

1581.92
---------

Transaction ID : VN7AV9S1SR9

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Justin Young**

Mailing Address 2131 Watson Ave

City State Zip Code  
Saint Paul MN 55116-1147Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

1042.40
---------

Transaction ID : VN7AV9S1SS7

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 215 OF 282

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

64.10
-------

Transaction ID : VN7AV9S1WP9

**B. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

7347.81
---------

Transaction ID : VN7AV9S1SG6

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

2483.30
---------

Transaction ID : VN7AV9S1SH3

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7411.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 216 OF 282

<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. Dinah M Dale**Mailing Address 5610 Laurel Ave  
321City State Zip Code  
Golden Valley MN 55416-1048Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

2240.18
---------

Transaction ID : VN7AV9S1SJ1

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. David A Leonard**Mailing Address 7425 Oak Park Village Dr  
Apt 3City State Zip Code  
Saint Louis Park MN 55426-4142Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

1581.92
---------

Transaction ID : VN7AV9S1SK9

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Justin Young**

Mailing Address 2131 Watson Ave

City State Zip Code  
Saint Paul MN 55116-1147Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

1042.41
---------

Transaction ID : VN7AV9S1SM7

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 217 OF 282

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

64.10
-------

Transaction ID : VN7AV9S3JT4

**B. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

7344.94
---------

Transaction ID : VN7AV9S4VX6

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

2480.42
---------

Transaction ID : VN7AV9S4VY4

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7409.04
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 218 OF 282

<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. Dinah M Dale**Mailing Address 5610 Laurel Ave  
321City State Zip Code  
Golden Valley MN 55416-1048Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

2240.18
---------

Transaction ID : VN7AV9S4VZ1

[MEMO ITEM]

\*

**B. David A Leonard**Mailing Address 7425 Oak Park Village Dr  
Apt 3City State Zip Code  
Saint Louis Park MN 55426-4142Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

1581.94
---------

Transaction ID : VN7AV9S4W09

[MEMO ITEM]

\*

**c. Justin Young**

Mailing Address 2131 Watson Ave

City State Zip Code  
Saint Paul MN 55116-1147Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

1042.40
---------

Transaction ID : VN7AV9S4W17

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 219 OF 282

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

64.10
-------

Transaction ID : VN7AV9S7ZT4

**B. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

7279.74
---------

Transaction ID : VN7AV9S7JP5

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

2415.23
---------

Transaction ID : VN7AV9S7JQ3

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7343.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 220 OF 282

<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. Dinah M Dale**Mailing Address 5610 Laurel Ave  
321City State Zip Code  
Golden Valley MN 55416-1048Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

2240.18
---------

Transaction ID : VN7AV9S7JR1

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. David A Leonard**Mailing Address 7425 Oak Park Village Dr  
Apt 3City State Zip Code  
Saint Louis Park MN 55426-4142Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1581.92
---------

Transaction ID : VN7AV9S7JS9

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Justin Young**

Mailing Address 2131 Watson Ave

City State Zip Code  
Saint Paul MN 55116-1147Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1042.41
---------

Transaction ID : VN7AV9S7JT7

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 221 OF 282

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

**A. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

64.10
-------

Transaction ID : VN7AV9S7ZV2

**B. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

7626.06
---------

Transaction ID : VN7AV9S99R7

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

2377.95
---------

Transaction ID : VN7AV9S99S5

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7690.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 222 OF 282

<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. Dinah M Dale**Mailing Address 5610 Laurel Ave  
321City State Zip Code  
Golden Valley MN 55416-1048Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

2240.18
---------

Transaction ID : VN7AV9S99T3

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. David A Leonard**Mailing Address 7425 Oak Park Village Dr  
Apt 3City State Zip Code  
Saint Louis Park MN 55426-4142Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

1581.92
---------

Transaction ID : VN7AV9S99W8

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Justin Young**

Mailing Address 2131 Watson Ave

City State Zip Code  
Saint Paul MN 55116-1147Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

1042.40
---------

Transaction ID : VN7AV9S99Y4

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 223 OF 282

<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. Margaret Zadra**

Mailing Address 525 Logan Ave N

City	State	Zip Code
Minneapolis	MN	55405-1133

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

383.61
--------

Transaction ID : VN7AV9S99Z2

[MEMO ITEM]

\*

**B. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

64.10
-------

Transaction ID : VN7AV9SD1K3

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll - See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

12851.60
----------

Transaction ID : VN7AV9SC8E1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12915.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 224 OF 282

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

4074.09
---------

Transaction ID : VN7AV9SC8F9

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Daniel Aizpura**

Mailing Address 421 6th St SE

City	State	Zip Code
Minneapolis	MN	55414-2153

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

424.65
--------

Transaction ID : VN7AV9SC8G7

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Dinah M Dale**Mailing Address 5610 Laurel Ave  
321

City	State	Zip Code
Golden Valley	MN	55416-1048

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

2240.18
---------

Transaction ID : VN7AV9SC8H4

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 225 OF 282

<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. Madeleine Garces**

Mailing Address 5085 Holiday Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Minnetonka	MN	55345-4414

Amount of Each Disbursement this Period

449.92
--------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : VN7AV9SC8J2

[MEMO ITEM]

\*

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Riley Kuderko**

Mailing Address 12010 Hilloway Rd W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Minnetonka	MN	55305-2514

Amount of Each Disbursement this Period

461.75
--------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : VN7AV9SC8M8

[MEMO ITEM]

\*

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. David A Leonard**Mailing Address 7425 Oak Park Village Dr  
Apt 3

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Saint Louis Park	MN	55426-4142

Amount of Each Disbursement this Period

1581.93
---------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : VN7AV9SC8N6

[MEMO ITEM]

\*

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 226 OF 282

<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. Kelli Linehan**

Mailing Address 7148 Muirfield Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Eden Prairie	MN	55346-3439

Amount of Each Disbursement this Period

461.75
--------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : VN7AV9SC8P4

[MEMO ITEM]

\*

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Sara Menesi**

Mailing Address 13608 Sunset Hill Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Burnsville	MN	55337-7817

Amount of Each Disbursement this Period

397.99
--------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : VN7AV9SC8Q2

[MEMO ITEM]

\*

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Marcus Nisan**

Mailing Address 3533 Valley St NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Minneapolis	MN	55418-1211

Amount of Each Disbursement this Period

397.99
--------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : VN7AV9SC8R0

[MEMO ITEM]

\*

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Justin Young**

Mailing Address 2131 Watson Ave

City	State	Zip Code
Saint Paul	MN	55116-1147

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

1042.41
---------

Transaction ID : VN7AV9SC8S8

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Margaret Zadra**

Mailing Address 525 Logan Ave N

City	State	Zip Code
Minneapolis	MN	55405-1133

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

1318.94
---------

Transaction ID : VN7AV9SC8T6

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. ADP, Inc.**

Mailing Address 8100 Old Cedar Ave S

City	State	Zip Code
Minneapolis	MN	55425-1802

Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

76.70
-------

Transaction ID : VN7AV9SD1M1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

76.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. All My Sons**

Mailing Address 8318 Pillsbury Ave S

City	State	Zip Code
Bloomington	MN	55420-2242

Purpose of Disbursement  
Office Moving Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

959.62
--------

Transaction ID : VN7AV9S1VK5

**B. American Airlines**Mailing Address PO Box 619612  
MD 2400

City	State	Zip Code
Dfw Airport	TX	75261-9612

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

362.50
--------

Transaction ID : VN7AV9S1WB2

**c. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : VN7AV9S1TQ4

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1330.07

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : VN7AV9S1TZ7

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

315.31
--------

Transaction ID : VN7AV9S1TX1

**C. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

18.69
-------

Transaction ID : VN7AV9S1V13

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

341.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 230 OF 282

<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 Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : VN7AV9S7YG2

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : VN7AV9S7YJ8

**C. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

196.43
--------

Transaction ID : VN7AV9S7YH0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

212.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 231 OF 282

<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 Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

33.50
-------

Transaction ID : VN7AV9S7YK6

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : VN7AV9SD002

**C. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

7.95
------

Transaction ID : VN7AV9SD028

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

49.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 232 OF 282

<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 Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

258.03
--------

Transaction ID : VN7AV9SD010

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

11.35
-------

Transaction ID : VN7AV9SD036

**C. Atomic**

Mailing Address 615 N 3rd St

City	State	Zip Code
Minneapolis	MN	55401-4401

Purpose of Disbursement  
Computer Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

403.26
--------

Transaction ID : VN7AV9S1VB2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

672.64



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Atomic**

Mailing Address 615 N 3rd St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
Minneapolis	MN	55401-4401

Amount of Each Disbursement this Period

160.78
--------

Purpose of Disbursement  
Computer ExpenseCategory/  
Type

Transaction ID : VN7AV9S7YX5

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Bankcard Assoc**

Mailing Address 2221 W Broadway St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
Fort Worth	TX	76102-4311

Amount of Each Disbursement this Period

12.95
-------

Purpose of Disbursement  
Credit Card Processing FeesCategory/  
Type

Transaction ID : VN7AV9S1TR2

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Bankcard Assoc**

Mailing Address 2221 W Broadway St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
Fort Worth	TX	76102-4311

Amount of Each Disbursement this Period

215.95
--------

Purpose of Disbursement  
Credit Card Processing FeesCategory/  
Type

Transaction ID : VN7AV9S1V05

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

389.68



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 235 OF 282

<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. Bankcard Assoc**

Mailing Address 2221 W Broadway St

City	State	Zip Code
Fort Worth	TX	76102-4311

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

5000.00	203.95
---------	--------

Transaction ID : VN7AV9SD042

**B. Beth Foster Consultants LLC**

Mailing Address 2102 W 49th St

City	State	Zip Code
Minneapolis	MN	55419-5230

Purpose of Disbursement  
Consulting - Direct Mail

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

1600.00
---------

Transaction ID : VN7AV9S7XX2

**c. Beth Foster Consultants LLC**

Mailing Address 2102 W 49th St

City	State	Zip Code
Minneapolis	MN	55419-5230

Purpose of Disbursement  
Consulting - Direct Mail

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

3200.00
---------

Transaction ID : VN7AV9SCZB6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5003.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Big Sky Copywriting**

Mailing Address 6710 Linda Vista Blvd

City	State	Zip Code
Missoula	MT	59803-2769

Purpose of Disbursement  
Consulting - Direct Mail

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VN7AV9S1TJ4

**B. Big Sky Copywriting**

Mailing Address 6710 Linda Vista Blvd

City	State	Zip Code
Missoula	MT	59803-2769

Purpose of Disbursement  
Consulting - Direct Mail

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VN7AV9S7XY0

**c. Big Sky Copywriting**

Mailing Address 6710 Linda Vista Blvd

City	State	Zip Code
Missoula	MT	59803-2769

Purpose of Disbursement  
Consulting - Direct Mail

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VN7AV9SCZG6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

**A. Capital Accounting Services**Mailing Address 620 Wesley Commons Dr  
Ste 28City State Zip Code  
Golden Valley MN 55427-4079Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : VN7AV9S1TE3

**B. Capital Accounting Services**Mailing Address 620 Wesley Commons Dr  
Ste 28City State Zip Code  
Golden Valley MN 55427-4079Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : VN7AV9S7XT8

**C. Capital Accounting Services**Mailing Address 620 Wesley Commons Dr  
Ste 28City State Zip Code  
Golden Valley MN 55427-4079Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : VN7AV9SD1N9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. CHS Mailing**

Mailing Address 12006 Old Baltimore Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Beltsville	MD	20705-1412

Purpose of Disbursement  
Direct Mailing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

39932.85
----------

Transaction ID : VN7AV9SD1S1

**B. CHS Mailing**

Mailing Address 12006 Old Baltimore Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

City	State	Zip Code
Beltsville	MD	20705-1412

Purpose of Disbursement  
Direct Mailing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

4117.70
---------

Transaction ID : VN7AV9SCZJ2

**c. Comcast**

Mailing Address PO Box 34227

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
Seattle	WA	98124-1227

Purpose of Disbursement  
Internet Service

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

140.61
--------

Transaction ID : VN7AV9S3JJ1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

44191.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address PO Box 34227

City	State	Zip Code
Seattle	WA	98124-1227

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

335.14
--------

Transaction ID : VN7AV9S3JK9

**B. Comcast**

Mailing Address PO Box 34227

City	State	Zip Code
Seattle	WA	98124-1227

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

110.10
--------

Transaction ID : VN7AV9SD0F9

**c. Culligan Water**

Mailing Address 7165 Boone Ave N

City	State	Zip Code
Brooklyn Park	MN	55428-1531

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

51.33
-------

Transaction ID : VN7AV9S8001

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

496.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Culligan Water**

Mailing Address 7165 Boone Ave N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Brooklyn Park	MN	55428-1531

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

10.29
-------

Transaction ID : VN7AV9SD0S8

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Delta Air**

Mailing Address PO Box 20706

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

281.00
--------

Transaction ID : VN7AV9S1W71

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Delta Air**

Mailing Address PO Box 20706

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

560.00
--------

Transaction ID : VN7AV9SD1G0

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

851.29



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Delta Air**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

646.00
--------

Transaction ID : VN7AV9SD1H7

**B. Facebook.com**

Mailing Address 1601 S California Ave

City	State	Zip Code
Palo Alto	CA	94304-1111

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

23.33
-------

Transaction ID : VN7AV9S7ZJ1

**C. First National Bank of the Lakes**

Mailing Address 3100 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55408-2619

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

126.04
--------

Transaction ID : VN7AV9S3JD1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

795.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 242 OF 282

<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. First National Bank of the Lakes**

Mailing Address 3100 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55408-2619

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

53.25
-------

Transaction ID : VN7AV9SFH61

**B. First National Bank of the Lakes**

Mailing Address 3100 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55408-2619

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

131.40
--------

Transaction ID : VN7AV9S7YS3

**C. First National Bank of the Lakes**

Mailing Address 3100 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55408-2619

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

131.16
--------

Transaction ID : VN7AV9SDQ32

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

315.81

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

## **A. Health Partners**

Mailing Address PO Box 1289

City State Zip Code  
 Minneapolis MN 55440-1289

Purpose of Disbursement  
 Health Insurance

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 15 / 2014

Amount of Each Disbursement this Period

1687.61

Transaction ID : VN7AV9S1WR5

## **B. Health Partners**

Mailing Address PO Box 1289

City State Zip Code  
 Minneapolis MN 55440-1289

Purpose of Disbursement  
 Health Insurance

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 06 / 2014

Amount of Each Disbursement this Period

1687.61

Transaction ID : VN7AV9S7ZY6

## **C. Health Partners**

Mailing Address PO Box 1289

City State Zip Code  
 Minneapolis MN 55440-1289

Purpose of Disbursement  
 Health Insurance

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 30 / 2014

Amount of Each Disbursement this Period

1687.61

Transaction ID : VN7AV9S7ZZ3

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5062.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Health Partners**

Mailing Address PO Box 1289

City	State	Zip Code
Minneapolis	MN	55440-1289

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

1687.61
---------

Transaction ID : VN7AV9SD1P7

**B. Hoch and Hoch**

Mailing Address 1313 Plymouth Ave N

City	State	Zip Code
Minneapolis	MN	55411-4065

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

2545.00
---------

Transaction ID : VN7AV9S3JP3

**c. Hudson Bay Co. of Illinois**

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316-3549

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

4994.94
---------

Transaction ID : VN7AV9S1TN8

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9227.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Hudson Bay Co. of Illinois**

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316-3549

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

4994.94
---------

Transaction ID : VN7AV9S1TP6

**B. Hudson Bay Co. of Illinois**

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316-3549

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

1066.32
---------

Transaction ID : VN7AV9S7YB3

**C. Hudson Bay Co. of Illinois**

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316-3549

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

5021.86
---------

Transaction ID : VN7AV9S7YC1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11083.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Hudson Bay Co. of Illinois**

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316-3549

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 27 / 2014

Amount of Each Disbursement this Period

5503.00
---------

Transaction ID : VN7AV9SCZX9

**B. Impact Printing**

Mailing Address 1067 Rice St

City	State	Zip Code
Saint Paul	MN	55117-4920

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 19 / 2014

Amount of Each Disbursement this Period

970.29
--------

Transaction ID : VN7AV9S7YV9

**C. Infogroup**

Mailing Address PO Box 3243

City	State	Zip Code
Omaha	NE	68103-0243

Purpose of Disbursement  
Direct Mailing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : VN7AV9S7Y55

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7223.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 247 OF 282

<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. Infogroup**

Mailing Address PO Box 3243

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
Omaha	NE	68103-0243

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
Direct MailingCategory/  
Type

Transaction ID : VN7AV9S7Y97

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

City	State	Zip Code
Mountain View	CA	94043-1126

Amount of Each Disbursement this Period

23.97
-------

Purpose of Disbursement  
Computer SoftwareCategory/  
Type

Transaction ID : VN7AV9S1VC0

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

City	State	Zip Code
Mountain View	CA	94043-1126

Amount of Each Disbursement this Period

23.97
-------

Purpose of Disbursement  
Computer SoftwareCategory/  
Type

Transaction ID : VN7AV9S7Z24

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

747.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 248 OF 282

<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. Intuit**

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94043-1126

Purpose of Disbursement  
Computer Software

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

12.95
-------

Transaction ID : VN7AV9SD0E1

**B. ipHouse**Mailing Address 331 2nd Ave S  
Ste 540

City	State	Zip Code
Minneapolis	MN	55401-2243

Purpose of Disbursement  
Web Site

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : VN7AV9S1VA4

**c. ipHouse**Mailing Address 331 2nd Ave S  
Ste 540

City	State	Zip Code
Minneapolis	MN	55401-2243

Purpose of Disbursement  
Web Site

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : VN7AV9S7YY3

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

182.95



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. ipHouse**Mailing Address 331 2nd Ave S  
Ste 540

City Minneapolis State MN Zip Code 55401-2243

Purpose of Disbursement  
Web Site

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : VN7AV9SD0A9

**B. JCRC**Mailing Address 12 N 12th St  
Ste 480

City Minneapolis State MN Zip Code 55403-1386

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

525.00
--------

Transaction ID : VN7AV9S7ZK9

**c. Linemark Printing**

Mailing Address 501 Prince Georges Blvd

City Upper Marlboro State MD Zip Code 20774-7415

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

401.82
--------

Transaction ID : VN7AV9S1TH6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1011.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 250 OF 282

<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. Linemark Printing**

Mailing Address 501 Prince Georges Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
Upper Marlboro	MD	20774-7415

Amount of Each Disbursement this Period

20960.44
----------

Purpose of Disbursement  
PrintingCategory/  
Type

Transaction ID : VN7AV9S7Y71

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Jamie M Long**

Mailing Address 4417 Zenith Ave S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Minneapolis	MN	55410-1459

Amount of Each Disbursement this Period

206.49
--------

Purpose of Disbursement  
ReimbursementCategory/  
Type

Transaction ID : VN7AV9S3JS6

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Jamie M Long**

Mailing Address 4417 Zenith Ave S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Minneapolis	MN	55410-1459

Amount of Each Disbursement this Period

42.74
-------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : VN7AV9SD1D6

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

21209.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 251 OF 282

<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. Marriott Newark**

Mailing Address 1 Hotel Rd

City	State	Zip Code
Newark	NJ	07114-3513

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

306.48
--------

Transaction ID : VN7AV9S1W21

**B. Erin Maye**

Mailing Address 360 Spring St

City	State	Zip Code
Saint Paul	MN	55102-4455

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

755.76
--------

Transaction ID : VN7AV9SD1Q5

**C. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125

City	State	Zip Code
Boca Raton	FL	33432-1808

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1153.34
---------

Transaction ID : VN7AV9S1TS9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2215.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 252 OF 282

<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. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125City State Zip Code  
Boca Raton FL 33432-1808Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

244.15
--------

Transaction ID : VN7AV9S1TV5

**B. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125City State Zip Code  
Boca Raton FL 33432-1808Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

116.78
--------

Transaction ID : VN7AV9S1TW3

**C. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125City State Zip Code  
Boca Raton FL 33432-1808Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

984.46
--------

Transaction ID : VN7AV9S7YN2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1345.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 253 OF 282

<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. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

264.97
--------

Transaction ID : VN7AV9S7YP0

**B. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

503.87
--------

Transaction ID : VN7AV9SD068

**C. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

205.39
--------

Transaction ID : VN7AV9SD076

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

974.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Merchant Bankcard**Mailing Address 1700 N Dixie Hwy  
Ste 125City State Zip Code  
Boca Raton FL 33432-1808Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

234.40
--------

Transaction ID : VN7AV9SD084

**B. Minneapolis Labor Review**Mailing Address 312 Central Ave SE  
Ste 542City State Zip Code  
Minneapolis MN 55414-1097Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

137.50
--------

Transaction ID : VN7AV9SD194

**C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY**

Mailing Address 255 Plato Blvd E

City State Zip Code  
Saint Paul MN 55107-1623Purpose of Disbursement  
Rent

Candidate Name

**MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

1698.00
---------

Transaction ID : VN7AV9S7ZE9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2069.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 255 OF 282

<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**

Mailing Address 255 Plato Blvd E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
Saint Paul	MN	55107-1623

Amount of Each Disbursement this Period

950.00
--------

Purpose of Disbursement  
Rent

Transaction ID : VN7AV9S7ZF7

Candidate Name  
MINNESOTA DEMOCRATIC-FARMER-LABOR PARTYCategory/  
Type

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> President	

State: District:

Full Name (Last, First, Middle Initial)

**B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY**

Mailing Address 255 Plato Blvd E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Saint Paul	MN	55107-1623

Amount of Each Disbursement this Period

742.89
--------

Purpose of Disbursement  
Rent

Transaction ID : VN7AV9SD161

Candidate Name  
MINNESOTA DEMOCRATIC-FARMER-LABOR PARTYCategory/  
Type

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> President	

State: District:

Full Name (Last, First, Middle Initial)

**c. Minnesota Secretary of State**Mailing Address 100 Rev Dr Martin Luther King Jr B  
Ste 180

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

City	State	Zip Code
Saint Paul	MN	55155-1299

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Filing Fee

Transaction ID : VN7AV9S7ZG5

Candidate Name

Category/  
Type

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> President	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1992.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 256 OF 282

<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. Names in the News**Mailing Address 180 Grand Ave  
Ste 1545City State Zip Code  
Oakland CA 94612-3799Purpose of Disbursement  
Direct Mailing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

5848.12
---------

Transaction ID : VN7AV9S1TK2

**B. Names in the News**Mailing Address 180 Grand Ave  
Ste 1545City State Zip Code  
Oakland CA 94612-3799Purpose of Disbursement  
Direct Mailing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

1020.00
---------

Transaction ID : VN7AV9S7Y89

**C. Names in the News**Mailing Address 180 Grand Ave  
Ste 1545City State Zip Code  
Oakland CA 94612-3799Purpose of Disbursement  
Direct Mailing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

6359.07
---------

Transaction ID : VN7AV9S7YA5

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13227.19
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

**A. National Democratic Club**

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4071

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

164.18
--------

Transaction ID : VN7AV9S7YD8

**B. National Democratic Club**

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4071

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

164.31
--------

Transaction ID : VN7AV9S7YE6

**C. National Democratic Club**

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4071

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

55.18
-------

Transaction ID : VN7AV9S7YF4

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

383.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 258 OF 282

<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. NGP VAN, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

2400.00
---------

Transaction ID : VN7AV9S3JF7

**B. Office Max**

Mailing Address 1490 University Ave W

City Saint Paul State MN Zip Code 55104-3901

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

72.72
-------

Transaction ID : VN7AV9S1VP9

**c. Office Max**

Mailing Address 1490 University Ave W

City Saint Paul State MN Zip Code 55104-3901

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

83.50
-------

Transaction ID : VN7AV9S7ZC3

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2556.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

**A. Office Max**

Mailing Address 1490 University Ave W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
Saint Paul	MN	55104-3901

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

201.50
--------

Transaction ID : VN7AV9S7ZD1

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Office Max**

Mailing Address 1490 University Ave W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Saint Paul	MN	55104-3901

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

87.95
-------

Transaction ID : VN7AV9SD0V4

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Office Max**

Mailing Address 1490 University Ave W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

City	State	Zip Code
Saint Paul	MN	55104-3901

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

22.17
-------

Transaction ID : VN7AV9SD0W2

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

311.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 260 OF 282

<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. Perkins Coie**Mailing Address 1201 3rd Ave  
Ste 4900City State Zip Code  
Seattle WA 98101-3099Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

80.00
-------

Transaction ID : VN7AV9S1WQ7

**B. Perkins Coie**Mailing Address 1201 3rd Ave  
Ste 4900City State Zip Code  
Seattle WA 98101-3099Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

132.00
--------

Transaction ID : VN7AV9S7ZX8

**C. Postmaster**

Mailing Address 3033 27th Ave S

City State Zip Code  
Minneapolis MN 55406-5100Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1.05
------

Transaction ID : VN7AV9S1VT0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

213.05

# **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 261 OF 282

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

## **A. Postmaster**

Mailing Address 3033 27th Ave S

City State Zip Code  
 Minneapolis MN 55406-5100

Purpose of Disbursement  
 Postage

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 14 2014

Amount of Each Disbursement this Period

1647.60

Transaction ID : VN7AV9S1VV8

## **B. Postmaster**

Mailing Address 3033 27th Ave S

City State Zip Code  
 Minneapolis MN 55406-5100

Purpose of Disbursement  
 Postage

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 02 2014

Amount of Each Disbursement this Period

13.65

Transaction ID : VN7AV9SD103

## **C. Postmaster**

Mailing Address 3033 27th Ave S

City State Zip Code  
 Minneapolis MN 55406-5100

Purpose of Disbursement  
 Postage

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 18 2014

Amount of Each Disbursement this Period

3.58

Transaction ID : VN7AV9SD129

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1664.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 262 OF 282

<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. ProList, Inc.**

Mailing Address Beechcraft Ave

City	State	Zip Code
Gaithersburg	MD	20879

Purpose of Disbursement  
Direct Mailing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

42743.23
----------

Transaction ID : VN7AV9S1TG8

**B. ProList, Inc.**

Mailing Address Beechcraft Ave

City	State	Zip Code
Gaithersburg	MD	20879

Purpose of Disbursement  
Direct Mailing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

4417.45
---------

Transaction ID : VN7AV9S3J90

**C. Radisson - Duluth**

Mailing Address 505 W Superior St

City	State	Zip Code
Duluth	MN	55802-1513

Purpose of Disbursement  
Event Expense - Food & Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

323.38
--------

Transaction ID : VN7AV9S7XR3

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

47484.06

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Radisson - Duluth**

Mailing Address 505 W Superior St

City	State	Zip Code
Duluth	MN	55802-1513

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

111.75
--------

Transaction ID : VN7AV9SCZ00

**B. Radisson - Duluth**

Mailing Address 505 W Superior St

City	State	Zip Code
Duluth	MN	55802-1513

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

145.61
--------

Transaction ID : VN7AV9SCZ25

**c. Seven Corners Printing**

Mailing Address 1099 Snelling Ave N

City	State	Zip Code
Saint Paul	MN	55108-2705

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

429.23
--------

Transaction ID : VN7AV9S1V46

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

686.59

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ellison for Congress

Full Name (Last, First, Middle Initial)

**A. Seven Corners Printing**

Mailing Address 1099 Snelling Ave N

City	State	Zip Code
Saint Paul	MN	55108-2705

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

489.29
--------

Transaction ID : VN7AV9S1V62

**B. Seven Corners Printing**

Mailing Address 1099 Snelling Ave N

City	State	Zip Code
Saint Paul	MN	55108-2705

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

1268.34
---------

Transaction ID : VN7AV9S7Y63

**c. Seven Corners Printing**

Mailing Address 1099 Snelling Ave N

City	State	Zip Code
Saint Paul	MN	55108-2705

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

1327.96
---------

Transaction ID : VN7AV9SCZN5

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3085.96



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 265 OF 282

<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. SFM Risk Solutions**Mailing Address 3500 American Blvd W  
Ste 700City State Zip Code  
Minneapolis MN 55431-4439Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

379.00
--------

Transaction ID : VN7AV9S7ZW0

**B. Split Rock Resort**

Mailing Address 100 Moseywood Rd

City State Zip Code  
Lake Harmony PA 18624Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

226.50
--------

Transaction ID : VN7AV9S8051

**c. Split Rock Resort**

Mailing Address 100 Moseywood Rd

City State Zip Code  
Lake Harmony PA 18624Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

226.50
--------

Transaction ID : VN7AV9S8069

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

832.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 266 OF 282

<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. Springhill Suites - Memphis**

Mailing Address 85 Court Ave

City	State	Zip Code
Memphis	TN	38103-2230

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

194.96
--------

Transaction ID : VN7AV9S1WF4

**B. Springhill Suites - Memphis**

Mailing Address 85 Court Ave

City	State	Zip Code
Memphis	TN	38103-2230

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

194.96
--------

Transaction ID : VN7AV9S1WG2

**C. Starfish Designs**

Mailing Address 106 Kidwell Ave

City	State	Zip Code
Centreville	MD	21617-1110

Purpose of Disbursement  
Consulting - Direct Mail

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

450.00
--------

Transaction ID : VN7AV9S7Y06

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

839.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 267 OF 282

<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. Target**

Mailing Address 2500 E Lake St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Minneapolis	MN	55406-1976

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

258.92
--------

Transaction ID : VN7AV9SD0X9

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. The Foundation**

Mailing Address 311 7th Ave N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
Minneapolis	MN	55401-1237

Purpose of Disbursement  
Computer Expense

Amount of Each Disbursement this Period

293.24
--------

Transaction ID : VN7AV9S7YZ1

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. The Lowry Minneapolis**

Mailing Address 2112 Hennepin Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
Minneapolis	MN	55405-2743

Purpose of Disbursement  
Meals

Amount of Each Disbursement this Period

43.61
-------

Transaction ID : VN7AV9S3JM7

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

595.77

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. The Lowry Minneapolis**

Mailing Address 2112 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55405-2743

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

48.40
-------

Transaction ID : VN7AV9S7Z40

**B. The Lowry Minneapolis**

Mailing Address 2112 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55405-2743

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

82.29
-------

Transaction ID : VN7AV9S7ZA8

**c. The Lowry Minneapolis**

Mailing Address 2112 Hennepin Ave

City	State	Zip Code
Minneapolis	MN	55405-2743

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

40.03
-------

Transaction ID : VN7AV9SDQ40

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

170.72

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. The Mynett Group**

Mailing Address 4616 15th St NW

City	State	Zip Code
Washington	DC	20011-4319

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

9639.58
---------

Transaction ID : VN7AV9S1TC7

**B. The Mynett Group**

Mailing Address 4616 15th St NW

City	State	Zip Code
Washington	DC	20011-4319

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

9142.75
---------

Transaction ID : VN7AV9S7XS0

**c. The Mynett Group**

Mailing Address 4616 15th St NW

City	State	Zip Code
Washington	DC	20011-4319

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

9338.72
---------

Transaction ID : VN7AV9SCZA9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

28121.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. United Airlines**Mailing Address 77 W Wacker Dr  
Ste MEZZ

City Chicago State IL Zip Code 60601-1732

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

494.00
--------

Transaction ID : VN7AV9S1W97

**B. United Airlines**Mailing Address 77 W Wacker Dr  
Ste MEZZ

City Chicago State IL Zip Code 60601-1732

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

503.00
--------

Transaction ID : VN7AV9S7ZN4

**c. United Airlines**Mailing Address 77 W Wacker Dr  
Ste MEZZ

City Chicago State IL Zip Code 60601-1732

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

503.00
--------

Transaction ID : VN7AV9S7ZP2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 271 OF 282

<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. United Airlines**Mailing Address 77 W Wacker Dr  
Ste MEZZ

City Chicago State IL Zip Code 60601-1732

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	08	2014

Amount of Each Disbursement this Period

523.00
--------

Transaction ID : VN7AV9S7ZQ0

**B. Venture Bank**Mailing Address 5601 Green Valley Dr  
Ste 120

City Minneapolis State MN Zip Code 55437-1175

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	30	2014

Amount of Each Disbursement this Period

3.84
------

Transaction ID : VN7AV9S3JE9

**c. Venture Bank**Mailing Address 5601 Green Valley Dr  
Ste 120

City Minneapolis State MN Zip Code 55437-1175

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	30	2014

Amount of Each Disbursement this Period

3.20
------

Transaction ID : VN7AV9S7YT1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

530.04
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Venture Bank**Mailing Address 5601 Green Valley Dr  
Ste 120City State Zip Code  
Minneapolis MN 55437-1175Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	03	2014

Amount of Each Disbursement this Period

24.00
-------

Transaction ID : VN7AV9SD091

**B. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002-5505Purpose of Disbursement  
Telephone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2014

Amount of Each Disbursement this Period

251.07
--------

Transaction ID : VN7AV9S3JG5

**C. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002-5505Purpose of Disbursement  
Telephone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	27	2014

Amount of Each Disbursement this Period

253.43
--------

Transaction ID : VN7AV9S7Z09

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

528.50



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 25505

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

City	State	Zip Code
Lehigh Valley	PA	18002-5505

Amount of Each Disbursement this Period

251.72
--------

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type**Transaction ID : VN7AV9SD0C5**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Vonage**

Mailing Address 23 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Holmdel	NJ	07733-2136

Amount of Each Disbursement this Period

91.56
-------

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type**Transaction ID : VN7AV9S3JH3**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Vonage**

Mailing Address 23 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

City	State	Zip Code
Holmdel	NJ	07733-2136

Amount of Each Disbursement this Period

91.56
-------

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type**Transaction ID : VN7AV9S7Z16**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

434.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 274 OF 282

<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. Vonage**

Mailing Address 23 Main St

City	State	Zip Code
Holmdel	NJ	07733-2136

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

91.56
-------

Transaction ID : VN7AV9SD0D3

**B. Voter Activation**Mailing Address 48 Grove St  
Ste 202

City	State	Zip Code
Somerville	MA	02144-2500

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : VN7AV9S1V88

**C. Voter Activation**Mailing Address 48 Grove St  
Ste 202

City	State	Zip Code
Somerville	MA	02144-2500

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : VN7AV9S7YW7

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

391.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Voter Activation**Mailing Address 48 Grove St  
Ste 202

City Somerville State MA Zip Code 02144-2500

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : VN7AV9SD0B7

**B. Jessica Wheally**Mailing Address 2216 Garfield Ave  
Apt 202

City Minneapolis State MN Zip Code 55405-3234

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

424.65
--------

Transaction ID : VN7AV9SD1R3

**c. Justin Young**

Mailing Address 2131 Watson Ave

City Saint Paul State MN Zip Code 55116-1147

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

67.75
-------

Transaction ID : VN7AV9S1T93

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

642.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Justin Young**

Mailing Address 2131 Watson Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

City	State	Zip Code
Saint Paul	MN	55116-1147

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

19.36
-------

Transaction ID : VN7AV9SCT65

**B. Justin Young**

Mailing Address 2131 Watson Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

City	State	Zip Code
Saint Paul	MN	55116-1147

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

69.30
-------

Transaction ID : VN7AV9SD0J3

**C. Justin Young**

Mailing Address 2131 Watson Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

City	State	Zip Code
Saint Paul	MN	55116-1147

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

15.77
-------

Transaction ID : VN7AV9SD0K0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

104.43



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Appel for Iowa, Inc.**

Mailing Address PO Box 702

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2014

City	State	Zip Code
Des Moines	IA	50303-0702

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
ContributionCategory/  
Type

Transaction ID : VN7AV9SCJD5

Candidate Name

**Staci Appel**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: IA District: 03

Full Name (Last, First, Middle Initial)

**B. Bonnie Watson Coleman for Congress**

Mailing Address 180 Upland Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
Ewing	NJ	08638-2330

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
ContributionCategory/  
Type

Transaction ID : VN7AV9S7MQ6

Candidate Name

**Bonnie Watson Coleman**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: NJ District: 12

Full Name (Last, First, Middle Initial)

**C. Colin Peterson for Congress**

Mailing Address Hon Colin Peterson Po 265

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

City	State	Zip Code
Detroit Lakes	MN	56502

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
ContributionCategory/  
Type

Transaction ID : VN7AV9SDQ74

Candidate Name

**Colin Clark Peterson**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: MN District: 07

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement  
Contribution

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

12000.00
----------

Transaction ID : VN7AV9S1VW4

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement  
Contribution

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

15000.00
----------

Transaction ID : VN7AV9S3JR8

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement  
Contribution

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

25000.00
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Transaction ID : VN7AV9SCJP6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

52000.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Ellison for Congress**

Full Name (Last, First, Middle Initial)

**A. Minnesota Women's Campaign Fund**Mailing Address 2324 University Ave W  
Ste 120B

City Saint Paul State MN Zip Code 55114-8758

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

433.00
--------

Transaction ID : VN7AV9S7ZH3

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**Mailing Address 40138 Sawmill Rd  
PO BOX 252

City Emily State MN Zip Code 56447-2031

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VN7AV9SCJH6

**c. Obermueller for Congress**

Mailing Address 3874 Danbury Trl

City Eagan State MN Zip Code 55123-1550

Purpose of Disbursement  
Contribution

Candidate Name

**Michael Obermueller**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
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Transaction ID : VN7AV9SCJJ4

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1933.00

