

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Ellison for Congress

ADDRESS (number and street)

PO Box 6072

Check if different than previously reported. (ACC)

Minneapolis

MN

55406

2. FEC IDENTIFICATION NUMBER ▼

C C00422410

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MN

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Carla Kjellberg

Signature of Treasurer Carla Kjellberg

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Ellison for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18768.34	37730.84
(b) Total Contribution Refunds (from Line 20(d)) .....	515.00	515.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18253.34	37215.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	46942.98	81715.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	87.95	87.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	46855.03	81627.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56569.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ellison for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15200.00	27450.00
(ii) Unitemized.....	2568.34	5280.84
(iii) TOTAL of contributions from individuals ▶	17768.34	32730.84
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18768.34	37730.84
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	87.95	87.95
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	3.16	6.31
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	18859.45	37825.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46942.98	81715.09
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 .....	15.00	15.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	515.00	515.00
21. OTHER DISBURSEMENTS .....	11815.00	14065.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	59272.98	96295.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	96983.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18859.45
25. SUBTOTAL (add Line 23 and Line 24).....	115842.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59272.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56569.76

**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 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Patrice Eddy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012	
Mailing Address 1707 Stevens Ave Apt 106		<b>Transaction ID : VN8A3WGW18</b>	
City Minneapolis State MN Zip Code 55403-3857	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Hennepin County Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

Full Name (Last, First, Middle Initial) <b>B. Patrice Eddy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2012	
Mailing Address 1707 Stevens Ave Apt 106		<b>Transaction ID : VN8A3XVKR9</b>	
City Minneapolis State MN Zip Code 55403-3857	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Hennepin County Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Patrice Eddy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2012	
Mailing Address 1707 Stevens Ave Apt 106		<b>Transaction ID : VN8A3XZQX8</b>	
City Minneapolis State MN Zip Code 55403-3857	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Hennepin County Occupation Lawyer		
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).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGKC4**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1320 Shepherd St

City Durham State NC Zip Code 27707-1647

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : VN8A3XZK00**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Zachary H Ibrahim**

Mailing Address 1649 Kensington Ave

City Merrick State NY Zip Code 11566-2331

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

Name of Employer State of New York Downstate Medical Ce Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGKF8**

Amount of Each Receipt this Period  
 500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 39 2nd Ave

City Farmingdale State NY Zip Code 11735-5709

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

Name of Employer Self-Employed Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WKG90**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Hasan M Jalisi**

Mailing Address 10807 Falls Rd  
Unit 632

City Brooklandville State MD Zip Code 21022-7525

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2012

**Transaction ID : VN8A3WKR39**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 201 W 85th St  
Apt 10E

City New York State NY Zip Code 10024-3910

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

Name of Employer American Society for Muslim Advancemen Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WKGK6**

Amount of Each Receipt this Period  
 1500.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO Box 693484**

City **Stockton** State **CA** Zip Code **95269-3484**

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 Y Y  
**12 / 20 / 2012**

**Transaction ID : VN8A3XYPG4**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **482 James Way**

City **Wyckoff** State **NJ** Zip Code **07481-1828**

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

Name of Employer **Celgene** Occupation **Marketing**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : VN8A3WSNP0**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **5801 Meadow Dr**

City **Frederick** State **MD** Zip Code **21702-2772**

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 Y Y  
**12 / 23 / 2012**

**Transaction ID : VN8A3XZ8W7**

Amount of Each Receipt this Period  
**150.00**

**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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 15 Belmont Dr S

City Roslyn Heights State NY Zip Code 11577-2717

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

Name of Employer Medstar Surgical & Breathing Occupation President / CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGKH4**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rizwan A Qureshi**

Mailing Address 369 Robyn Pl

City East Meadow State NY Zip Code 11554-4036

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

Name of Employer Habib American Bank Occupation Senior Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGKB6**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Seema S Rahman**

Mailing Address 1768 Midland Dr

City East Meadow State NY Zip Code 11554-5023

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

Name of Employer Islamic Center of Long Island Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGKA8**

Amount of Each Receipt this Period  
 250.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 227 78th St

City North Bergen State NJ Zip Code 07047-5725

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

Name of Employer Cordoba Initiative Occupation Imam

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGKP3**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1338 Howe Ave

City Sacramento State CA Zip Code 95825-3276

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : VN8A3WSED3**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 51 Scott St

City San Francisco State CA Zip Code 94117-3220

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

Name of Employer Self-Employed Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : VN8A3WSEE1**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 69 Lloyd Ct

City East Meadow State NY Zip Code 11554-1508

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

Name of Employer Self-Employed Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : VN8A3WGK83**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

15200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Maloney for Congress**

Mailing Address 49 E 92nd St

City State Zip Code  
New York NY 10128-1326

FEC ID number of contributing federal political committee. **C** C00273169

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2012

**Transaction ID : VN8A3WKR47**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. ADP Payroll**

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

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2012

Amount of Each Disbursement this Period: 82.35

Transaction ID : VN7AV7X509

**B. ADP Payroll**

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

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 05 / 2012

Amount of Each Disbursement this Period: 16847.35

Transaction ID : VN7AV7W856

**c. ADP Payroll**

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

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 05 / 2012

Amount of Each Disbursement this Period: 6187.55

Transaction ID : VN7AV7W864

[MEMO ITEM]  
\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 16929.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Osman Ahmed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 7023 Woodland Dr 203		Amount of Each Disbursement this Period 914.79
City Eden Prairie	State MN Zip Code 55346-2724	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : VN7AV7W872
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Keegan Bobholz</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 401 4th St SE Apt 4		Amount of Each Disbursement this Period 914.79
City Minneapolis	State MN Zip Code 55414-1756	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : VN7AV7W880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>c. Laura Lambert</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 3636 11th Ave S		Amount of Each Disbursement this Period 914.79
City Minneapolis	State MN Zip Code 55407-2626	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : VN7AV7W898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. David Leonard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 2920 Dean Pkwy Apt 206		Amount of Each Disbursement this Period 1329.47
City Minneapolis	State MN	
Zip Code 55416-4483	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8A6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Mechura</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 617 Woodview Dr		Amount of Each Disbursement this Period 882.57
City Burnsville	State MN	
Zip Code 55337-3644	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8B3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Ohama</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 5681 River Oak Dr		Amount of Each Disbursement this Period 849.94
City Savage	State MN	
Zip Code 55378-5605	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8C1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Wendy Reynolds</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 210 W Grant St Apt 605		Amount of Each Disbursement this Period 914.47
City Minneapolis	State MN	
Zip Code 55403-2246	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8D9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matt Jeffrey Roznowski</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 803 Douglas Ave Apt 4		Amount of Each Disbursement this Period 1294.56
City Minneapolis	State MN	
Zip Code 55403-3116	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8E7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1179.37
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8F5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Mai Thor</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 1508 Case Ave		Amount of Each Disbursement this Period 471.75
City Saint Paul	State MN	
Zip Code 55106-3527	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8G3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andrew Virden</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 1920 3rd Ave S # 102		Amount of Each Disbursement this Period 993.30
City Minneapolis	State MN	
Zip Code 55404-2760	Purpose of Disbursement Payroll	Transaction ID : VN7AV7W8H1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ADP Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2012
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 71.33
City Minneapolis	State MN	
Zip Code 55425-1802	Purpose of Disbursement Payroll Service	Transaction ID : VN7AV7X4Z1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. ADP Payroll**

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

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 20 / 2012

Amount of Each Disbursement this Period: 4966.15

Transaction ID : VN7AV7W8K7

**B. ADP Payroll**

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

City Minneapolis State MN Zip Code 55425-1802

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 20 / 2012

Amount of Each Disbursement this Period: 1162.75

Transaction ID : VN7AV7W8M5

[MEMO ITEM]

\*

**c. David Leonard**

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

City Minneapolis State MN Zip Code 55416-4483

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 20 / 2012

Amount of Each Disbursement this Period: 1329.47

Transaction ID : VN7AV7W8N2

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional) ..... 4966.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Matt Jeffrey Roznowski</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 803 Douglas Ave Apt 4		Amount of Each Disbursement this Period 1294.55
City Minneapolis	State MN Zip Code 55403-3116	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : VN7AV7W8P0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 1179.38
City Minneapolis	State MN Zip Code 55408-2805	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : VN7AV7W8Q8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>c. ADP Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 8100 Old Cedar Ave S		Amount of Each Disbursement this Period 60.30
City Minneapolis	State MN Zip Code 55425-1802	
Purpose of Disbursement Payroll Service	Candidate Name	Transaction ID : VN7AV7X517
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 246.60
City Dfw Airport	State TX Zip Code 75261-9612	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : VN7AV7X540</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 12.95
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Credit Card Processing fees	Category/Type	<b>Transaction ID : VN7AV7X558</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Credit Card Processing fees	Category/Type	<b>Transaction ID : VN7AV7X566</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	267.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing fees	<b>Transaction ID : VN7AV7X582</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 469.18
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing fees	<b>Transaction ID : VN7AV7X574</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 44.95
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing fees	<b>Transaction ID : VN7AV7X590</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	522.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Bankcard Assoc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 2221 W Broadway St		Amount of Each Disbursement this Period 456.61 <b>Transaction ID : VN7AV7X5B6</b>
City Fort Worth	State TX	
Zip Code 76102-4311	Purpose of Disbursement Credit Card Processing fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 349.60 <b>Transaction ID : VN7AV7X5M7</b>
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 249.84 <b>Transaction ID : VN7AV7X5N5</b>
City Palo Alto	State CA	
Zip Code 94304-1111	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1056.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 219.66 <b>Transaction ID : VN7AV7X5P3</b>
City Palo Alto State CA Zip Code 94304-1111	Purpose of Disbursement Online Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 69.67 <b>Transaction ID : VN7AV7X5Q0</b>
City Palo Alto State CA Zip Code 94304-1111	Purpose of Disbursement Online Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Girard Management, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 2845 Harriet Ave Ste 102		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : VN7AV7X5V2</b>
City Minneapolis State MN Zip Code 55408-2290	Purpose of Disbursement Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2289.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Graves 601 Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 601 North 1st Avenue		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7AV7X5X8</b>
City Minneapolis	State MN	
Zip Code 55401-1224	Purpose of Disbursement Event Expense - Food & Beverages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Graves 601 Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address 601 North 1st Avenue		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : VN7AV7X5Y6</b>
City Minneapolis	State MN	
Zip Code 55401-1224	Purpose of Disbursement Parking	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. William R Hailer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 2838 Fremont Ave S Unit 224		Amount of Each Disbursement this Period 4060.28 <b>Transaction ID : VN7AV7X712</b>
City Minneapolis	State MN	
Zip Code 55408-4806	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4575.28
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Health Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address PO Box 1289		Amount of Each Disbursement this Period 470.20 <b>Transaction ID : VN7AV7X5Z4</b>
City Minneapolis	State MN	
Zip Code 55440-1289	Purpose of Disbursement Health Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chelsea M Holub</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 13793 Kenwood Ct		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VN7AV7X5H3</b>
City Baxter	State MN	
Zip Code 56425-8508	Purpose of Disbursement Travel/Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. hotels.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 10440 N Central Expy Ste 400		Amount of Each Disbursement this Period 282.67 <b>Transaction ID : VN7AV7X602</b>
City Dallas	State TX	
Zip Code 75231-2228	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	812.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Hudson Bay Co. of Illinois</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 30 / 2012</b>
Mailing Address 11032 Vera Cruz Ave N		Amount of Each Disbursement this Period <b>10972.86</b>
City Champlin	State MN	
Zip Code 55316-3549	Purpose of Disbursement Fundraising Services	<b>Transaction ID : VN7AV7X619</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 04 / 2012</b>
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period <b>132.65</b>
City Boca Raton	State FL	
Zip Code 33432-1808	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : VN7AV7X651</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 04 / 2012</b>
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period <b>376.33</b>
City Boca Raton	State FL	
Zip Code 33432-1808	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : VN7AV7X669</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11481.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)

**A. Merchant Bankcard**

Mailing Address 1700 N Dixie Hwy  
Ste 125

City Boca Raton State FL Zip Code 33432-1808

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 04 / 2012

Amount of Each Disbursement this Period  
420.78

Transaction ID : VN7AV7X677

Category/Type

Full Name (Last, First, Middle Initial)

**B. Perkins Coie**

Mailing Address 1201 3rd Ave  
Ste 4900

City Seattle State WA Zip Code 98101-3095

Purpose 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  
12 / 21 / 2012

Amount of Each Disbursement this Period  
663.50

Transaction ID : VN7AV7X6E2

Category/Type

Full Name (Last, First, Middle Initial)

**C. Benjamin Somogyi**

Mailing Address 3143 Aldrich Ave S

City Minneapolis State MN Zip Code 55408-2805

Purpose of Disbursement  
Reimbursement/Mileage

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  
12 / 05 / 2012

Amount of Each Disbursement this Period  
316.70

Transaction ID : VN7AV7X5D1

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1400.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Benjamin Somogyi</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 3143 Aldrich Ave S		Amount of Each Disbursement this Period 430.60
City Minneapolis	State MN	
Zip Code 55408-2805	Purpose of Disbursement Reimbursement/Mileage	Transaction ID : VN7AV7X5E9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 329.20
City Phoenix	State AZ	
Zip Code 85034-0664	Purpose of Disbursement Travel	Transaction ID : VN7AV7Y0V7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 257.20
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6P5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	687.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6Q3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6R1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6S9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	161.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 257.63
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6T7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6V5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 53.90
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	Transaction ID : VN7AV7X6W3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	365.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2012</b>
Mailing Address PO Box 25505		Amount of Each Disbursement this Period <b>53.90</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone	<b>Transaction ID : VN7AV7X6X1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>53.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>45702.24</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. IATSE Local #13 PAC Fund</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 05 / 2012</b>
Mailing Address <b>312 Central Avenue South East Suite 398</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Minneapolis</b> State <b>MN</b> Zip Code <b>55414</b>	Category/Type	
Purpose of Disbursement <b>Refund</b>	Candidate Name <b>IATSE Local #13 PAC Fund</b>	<b>Transaction ID : VN7AV7X4Q8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Minneapolis MADDADS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 3026 4th Ave S		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : VN7AV7X4T1</b>
City Minneapolis	State MN	
Zip Code 55408-2477	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : VN7AV7X4R6</b>
City Saint Paul	State MN	
Zip Code 55107-1623	Purpose of Disbursement Unlimited Transfer to State Party	Category/ Type
Candidate Name <b>MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 1415.00 <b>Transaction ID : VN7AV7X4S3</b>
City Saint Paul	State MN	
Zip Code 55107-1623	Purpose of Disbursement Unlimited Transfer to State Party	Category/ Type
Candidate Name <b>MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11815.00
<b>TOTAL</b> This Period (last page this line number only).....	11815.00