

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

Mary Lawrence for Congress

ADDRESS (number and street) ▼

PO Box 21215

Check if different than previously reported. (ACC)

Eagan

MN

55121

2. **FEC IDENTIFICATION NUMBER** ▼

C C00573063

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

MN

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Rebecca Groen

Signature of Treasurer Rebecca Groen

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Mary Lawrence 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))....	650.00	410025.89
(b) Total Contribution Refunds (from Line 20(d))	394447.47	395947.47
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-393797.47	14078.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	300237.76	849834.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	1251.00	1251.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	298986.76	848583.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	72809.31	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	920000.00	

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

Mary Lawrence for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	450.00	381875.00
(ii) Unitemized	200.00	17250.89
(iii) TOTAL of contributions from individuals	650.00	399125.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5500.00
(d) The Candidate	0.00	5400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	650.00	410025.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1170000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1170000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	1251.00	1251.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	14.80	14.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	1915.80	1581291.69

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.....	300237.76	849834.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	250000.00	250000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	250000.00	250000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	388947.47	390447.47
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5500.00	5500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	394447.47	395947.47
21. OTHER DISBURSEMENTS	12700.00	12700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	957385.23	1508482.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1028278.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1915.80
25. SUBTOTAL (add Line 23 and Line 24).....	1030194.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	957385.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	72809.31

**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 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

A. Full Name (Last, First, Middle Initial)
Kevin M. Burke

Mailing Address 3590 Roland Dr

City Bloomfield Hills State MI Zip Code 48301-2400

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

Name of Employer Lear Corporation Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : VPFE2GCJVV5

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 3924 Hilton Head Way

City Tarzana State CA Zip Code 91356-5708

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

Name of Employer UCLA Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : VPFE2GCJZY8

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 4460 W Lake Harriet Pkwy

City Minneapolis State MN Zip Code 55410-1967

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

Name of Employer N/A Occupation Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016

Transaction ID : VPFE2GCPD54

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

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

_____ 450.00

_____ 450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 138
	<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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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

A. Full Name (Last, First, Middle Initial)
ADP Easy pay

Mailing Address 100 NW Point Blvd

City Elk Grove Village State IL Zip Code 60007-1018

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1251.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016

Transaction ID : VPFE2HAJYM0

Amount of Each Receipt this Period
 1251.00

Memo Item

Refund of Duplicate Withdrawal

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

Memo Item

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

Memo Item

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

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

1251.00

1251.00

**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 7 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 7.00
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TBQ3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 8362.85
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TC88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Adam Guptill		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 1149.51
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TE08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8369.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Robert Harter			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 47436 254th Lane			Amount of Each Disbursement this Period 1149.51		
City Gaylord	State MN	Zip Code 55334	<input type="checkbox"/> Memo Item Transaction ID : VPEETA1TE16 *		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Jonathan Martin			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 4125 Dupont Ave S			Amount of Each Disbursement this Period 1538.19		
City Minneapolis	State MN	Zip Code 55409-1430	<input checked="" type="checkbox"/> Memo Item Transaction ID : VPEETA1TE24 *		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Mark Warren			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 3823 Blaisdell Ave Apt 1			Amount of Each Disbursement this Period 3338.95		
City Minneapolis	State MN	Zip Code 55409-1216	<input checked="" type="checkbox"/> Memo Item Transaction ID : VPEETA1TE32 *		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Maura Wise		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1186.69
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TE40 *
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 5841.34
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC20
State: District:		

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 5944.85
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC38
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11786.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 11653.55
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TCA3
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Madeline Coles		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 800 N 3rd St Apt 515		Amount of Each Disbursement this Period 2141.19
City Minneapolis	State MN Zip Code 55401-2685	
Purpose of Disbursement Payroll	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TDZ2 *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bridget Fisher		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 11162 Olympia Ave		Amount of Each Disbursement this Period 1149.51
City Becker	State MN Zip Code 55308-3302	
Purpose of Disbursement Payroll	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TDY4 *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	11653.55
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 11 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Adam Guptill		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 1149.51
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TDX6 *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Robert Harter		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 47436 254th Lane		Amount of Each Disbursement this Period 1149.51
City Gaylord	State MN	
Zip Code 55334	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TDW8 *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Jonathan Martin		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 1538.19
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TDT3 *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Mark Warren		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 3823 Blaisdell Ave Apt 1		Amount of Each Disbursement this Period 3338.95
City Minneapolis	State MN Zip Code 55409-1216	
Purpose of Disbursement Payroll	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : VPEETA1TDS5 *	

Full Name (Last, First, Middle Initial) B. Maura Wise		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1186.69
City Minneapolis	State MN Zip Code 55408-3707	
Purpose of Disbursement Payroll	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : VPEETA1TDQ9 *	

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 143.18
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll Processing Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : VPEETA1TBR1	

SUBTOTAL of Disbursements This Page (optional).....	143.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 94.70
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll Processing Fees		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TBS9
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 73.54
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll Processing Fees		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TBT7
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 6181.49
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll Taxes		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC46
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	6349.73
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 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 12946.45
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1TCB1

Full Name (Last, First, Middle Initial) B. Madeline Coles		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 800 N 3rd St Apt 515		Amount of Each Disbursement this Period 2141.19
City Minneapolis	State MN Zip Code 55401-2685	
Purpose of Disbursement Payroll	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1TDE8 *

Full Name (Last, First, Middle Initial) c. Bridget Fisher		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 11162 Olympia Ave		Amount of Each Disbursement this Period 1149.51
City Becker	State MN Zip Code 55308-3302	
Purpose of Disbursement Payroll	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1TDF6 *

SUBTOTAL of Disbursements This Page (optional).....	12946.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Adam Guptill		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 1149.51
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TDG4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) B. Robert Harter		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 47436 254th Lane		Amount of Each Disbursement this Period 1149.51
City Gaylord	State MN	
Zip Code 55334	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TDH1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) c. Jonathan Martin		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 1538.19
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TDK7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Mark Warren		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 3823 Blaisdell Ave Apt 1		Amount of Each Disbursement this Period 3338.95
City Minneapolis	State MN	
Zip Code 55409-1216	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TDM5 *
State: District:		

Full Name (Last, First, Middle Initial) B. Maura Wise		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1186.69
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TDN3 *
State: District:		

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 32.00
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TBV5
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 138			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 147.08
City Elk Grove Village	State IL	
Purpose of Disbursement Payroll Processing Fees		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 5911.25
City Elk Grove Village	State IL	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 11653.55
City Elk Grove Village	State IL	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:

SUBTOTAL of Disbursements This Page (optional).....	17711.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Madeline Coles		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 800 N 3rd St Apt 515		Amount of Each Disbursement this Period 2141.19
City Minneapolis	State MN	
Zip Code 55401-2685	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TDA6 *
State: District:		

Full Name (Last, First, Middle Initial) B. Bridget Fisher		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 11162 Olympia Ave		Amount of Each Disbursement this Period 1149.51
City Becker	State MN	
Zip Code 55308-3302	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD98 *
State: District:		

Full Name (Last, First, Middle Initial) c. Adam Guptill		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 1149.51
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD80 *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Robert Harter		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 47436 254th Lane		Amount of Each Disbursement this Period 1149.51
City Gaylord	State MN	
Zip Code 55334	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD72 *
State: District:		

Full Name (Last, First, Middle Initial) B. Jonathan Martin		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 1538.19
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD65 *
State: District:		

Full Name (Last, First, Middle Initial) c. Mark Warren		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 3823 Blaisdell Ave Apt 1		Amount of Each Disbursement this Period 3338.95
City Minneapolis	State MN	
Zip Code 55409-1216	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD57 *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Maura Wise		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1186.69
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD49 *
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 80.54
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TBX1
State: District:		

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 73.54
City Elk Grove Village	State IL	
Zip Code 60007-1018	Purpose of Disbursement Payroll Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TBY9
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	154.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement
Mailing Address 100 NW Point Blvd		M M / D D / Y Y Y Y 02 / 26 / 2016
City Elk Grove Village	State IL	Zip Code 60007-1018
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 5887.85
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC54
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement
Mailing Address 100 NW Point Blvd		M M / D D / Y Y Y Y 02 / 26 / 2016
City Elk Grove Village	State IL	Zip Code 60007-1018
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 11653.55
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC9
State: District:		

Full Name (Last, First, Middle Initial) c. Madeline Coles		Date of Disbursement
Mailing Address 800 N 3rd St Apt 515		M M / D D / Y Y Y Y 02 / 26 / 2016
City Minneapolis	State MN	Zip Code 55401-2685
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 2141.19
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCX3 *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17541.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Bridget Fisher		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 11162 Olympia Ave		Amount of Each Disbursement this Period 1149.51
City Becker	State MN	
Zip Code 55308-3302	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCY1 *
State: District:		

Full Name (Last, First, Middle Initial) B. Adam Guptill		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 1149.51
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCZ9 *
State: District:		

Full Name (Last, First, Middle Initial) c. Robert Harter		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 47436 254th Lane		Amount of Each Disbursement this Period 1149.51
City Gaylord	State MN	
Zip Code 55334	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD07 *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jonathan Martin		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 1538.19
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD15 *
State: District:		

Full Name (Last, First, Middle Initial) B. Mark Warren		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 3823 Blaisdell Ave Apt 1		Amount of Each Disbursement this Period 3338.95
City Minneapolis	State MN	
Zip Code 55409-1216	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD00 *
State: District:		

Full Name (Last, First, Middle Initial) C. Maura Wise		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1186.69
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TD31 *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 6486.59
City Elk Grove Village State IL Zip Code 60007-1018	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC62
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 12571.75
City Elk Grove Village State IL Zip Code 60007-1018	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TC67
State: District:		

Full Name (Last, First, Middle Initial) c. Madeline Coles		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 800 N 3rd St Apt 515		Amount of Each Disbursement this Period 2261.79
City Minneapolis State MN Zip Code 55401-2685	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCW6 *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19058.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Bridget Fisher			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 11162 Olympia Ave			Amount of Each Disbursement this Period 1290.11	
City Becker	State MN	Zip Code 55308-3302	Category/ Type	
Purpose of Disbursement Payroll				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1TCV8 *	
State: District:				

Full Name (Last, First, Middle Initial) B. Adam Guptill			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016	
Mailing Address 1022 Manvel St Apt 1			Amount of Each Disbursement this Period 1290.11	
City Saint Paul	State MN	Zip Code 55114-1161	Category/ Type	
Purpose of Disbursement Payroll				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1TCT0 *	
State: District:				

Full Name (Last, First, Middle Initial) c. Robert Harter			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016	
Mailing Address 47436 254th Lane			Amount of Each Disbursement this Period 1290.11	
City Gaylord	State MN	Zip Code 55334	Category/ Type	
Purpose of Disbursement Payroll				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1TCS2 *	
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jonathan Martin		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 1658.79
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCR4 *
State: District:		

Full Name (Last, First, Middle Initial) B. Mark Warren		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 3823 Blaisdell Ave Apt 1		Amount of Each Disbursement this Period 3453.55
City Minneapolis	State MN	
Zip Code 55409-1216	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCQ6 *
State: District:		

Full Name (Last, First, Middle Initial) C. Maura Wise		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1327.29
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCP8 *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 138	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ADP Easy pay		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 7.00
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll Processing Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1TBZ6

Full Name (Last, First, Middle Initial) B. ADP Easy pay		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 6467.25
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1TC70

Full Name (Last, First, Middle Initial) c. ADP Easy pay		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 100 NW Point Blvd		Amount of Each Disbursement this Period 12571.75
City Elk Grove Village	State IL Zip Code 60007-1018	
Purpose of Disbursement Payroll	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1TCE5

SUBTOTAL of Disbursements This Page (optional).....	19046.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Madeline Coles		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 800 N 3rd St Apt 515		Amount of Each Disbursement this Period 2261.79
City Minneapolis	State MN	
Zip Code 55401-2685	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCF3 *
State: District:		

Full Name (Last, First, Middle Initial) B. Bridget Fisher		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 11162 Olympia Ave		Amount of Each Disbursement this Period 1290.11
City Becker	State MN	
Zip Code 55308-3302	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCG1 *
State: District:		

Full Name (Last, First, Middle Initial) c. Adam Guptill		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 1290.11
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TCH9 *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Robert Harter		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 47436 254th Lane		Amount of Each Disbursement this Period 1290.11
City Gaylord	State MN	
Zip Code 55334	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TCJ7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) B. Jonathan Martin		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 1658.79
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TCCK4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) c. Mark Warren		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 3823 Blaisdell Ave Apt 1		Amount of Each Disbursement this Period 3453.55
City Minneapolis	State MN	
Zip Code 55409-1216	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TCM2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Maura Wise		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 1327.29
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TCN0 *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AKPD Message & Media LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 730 N Franklin St Ste 4041		Amount of Each Disbursement this Period 66053.87
City Chicago	State IL	
Zip Code 60654-3563	Purpose of Disbursement Communications Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TBB8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Campaign Compliance Solutions		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 1170 Cushing Cir Apt 131		Amount of Each Disbursement this Period 5500.00
City Saint Paul	State MN	
Zip Code 55108-5025	Purpose of Disbursement Compliance Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TBC6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	71553.87
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 31 OF 138			
	<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)
Mary Lawrence for Congress

A. Campaign Compliance Solutions

Full Name (Last, First, Middle Initial)
Mailing Address 1170 Cushing Cir
Apt 131

City Saint Paul State MN Zip Code 55108-5025

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 02 / 2016

Amount of Each Disbursement this Period: 2750.00

Memo Item

Transaction ID : VPEETA1TBD4

B. Madeline Coles

Full Name (Last, First, Middle Initial)
Mailing Address 800 N 3rd St
Apt 515

City Minneapolis State MN Zip Code 55401-2685

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 01 / 2016

Amount of Each Disbursement this Period: 2139.56

Memo Item

Transaction ID : VPEETA1TAW0

C. Deluxe for Business

Full Name (Last, First, Middle Initial)
Mailing Address 3680 Victoria St N

City Shoreview State MN Zip Code 55126-2906

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2016

Amount of Each Disbursement this Period: 221.38

Memo Item

Transaction ID : VPEETA1TAM0

SUBTOTAL of Disbursements This Page (optional) 5110.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Eagle Building Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 5051 Mitchell Rd		Amount of Each Disbursement this Period 12000.00
City Big Lake	State MN	
Zip Code 55309-8981	Purpose of Disbursement Field Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TBA1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bridget Fisher		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016
Mailing Address 11162 Olympia Ave		Amount of Each Disbursement this Period 1149.35
City Becker	State MN	
Zip Code 55308-3302	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TAV5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Adam Guphill		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 1022 Manvel St Apt 1		Amount of Each Disbursement this Period 40.71
City Saint Paul	State MN	
Zip Code 55114-1161	Purpose of Disbursement Mileage Reimbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TA93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13190.06
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 33 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jonathan Martin		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 4125 Dupont Ave S		Amount of Each Disbursement this Period 59.80
City Minneapolis	State MN	
Zip Code 55409-1430	Purpose of Disbursement Mileage Reimbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TAA1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Metro Sales		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 1640 E 78th St		Amount of Each Disbursement this Period 436.49
City Minneapolis	State MN	
Zip Code 55423-4645	Purpose of Disbursement Office Equipment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TAN8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. New Blue Interactive		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 4201 Connecticut Ave NW Ste 400		Amount of Each Disbursement this Period 7500.00
City Washington	State DC	
Zip Code 20008-1128	Purpose of Disbursement Online Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TB93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7996.29
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 34 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. New Partners		M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period
City Washington	State DC	Zip Code 20005-5994
Purpose of Disbursement Fundraising and Management Consulting	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : VPEETA1TB51	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. New Partners		M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period
City Washington	State DC	Zip Code 20005-5994
Purpose of Disbursement Fundraising and Management Consulting	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : VPEETA1TB69	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. New Partners		M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 1250 I St NW Ste 200		Amount of Each Disbursement this Period
City Washington	State DC	Zip Code 20005-5994
Purpose of Disbursement Fundraising and Management Consulting	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : VPEETA1TB77	

SUBTOTAL of Disbursements This Page (optional).....	52000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 3300.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TA35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN		Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1054.50
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TA43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Perkins Coie		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 1201 3rd Ave		Amount of Each Disbursement this Period 4001.50
City Seattle	State WA	
Zip Code 98101-3029	Purpose of Disbursement Database Legal Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TBM0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8356.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Perkins Coie		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1201 3rd Ave		Amount of Each Disbursement this Period 5886.50
City Seattle	State WA	
Zip Code 98101-3029	Purpose of Disbursement Legal Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TBN7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 12120 Sunset Hills Rd Ste 500		Amount of Each Disbursement this Period 823.36
City Reston	State VA	
Zip Code 20190-5858	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TBH6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 12120 Sunset Hills Rd Ste 500		Amount of Each Disbursement this Period 94.02
City Reston	State VA	
Zip Code 20190-5858	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TBJ4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6803.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 12120 Sunset Hills Rd Ste 500		Amount of Each Disbursement this Period 1.40
City Reston	State VA Zip Code 20190-5858	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TBK2
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Seven Corners Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 1099 Snelling Ave N		Amount of Each Disbursement this Period 16.13
City Saint Paul	State MN Zip Code 55108-2705	
Purpose of Disbursement Printing Expenses	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TAS9
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. The Minneapolis Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 729 2nd Ave S		Amount of Each Disbursement this Period 1621.71
City Minneapolis	State MN Zip Code 55402-2463	
Purpose of Disbursement Catering	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TA28
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1639.24
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 38 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. The Strategy Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 730 N Franklin St Ste 104		Amount of Each Disbursement this Period 2984.67
City Chicago	State IL Zip Code 60654-3563	
Purpose of Disbursement Printing Expenses	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TBG8
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. US Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 333 E Hennepin Ave		Amount of Each Disbursement this Period 1568.92
City Minneapolis	State MN Zip Code 55414-1015	
Purpose of Disbursement Credit Card Payment	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1TAP6
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Target		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 1650 New Brighton Blvd		Amount of Each Disbursement this Period 220.22
City Minneapolis	State MN Zip Code 55413-1643	
Purpose of Disbursement Office Supplies	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VPEETA1V0E9 *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4553.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 100 1st Street		Amount of Each Disbursement this Period 980.00
City Minneapolis	State MN	
Zip Code 55401	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1V0G5 *
State: District:		

Full Name (Last, First, Middle Initial) B. US Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 333 E Hennepin Ave		Amount of Each Disbursement this Period 85.87
City Minneapolis	State MN	
Zip Code 55414-1015	Purpose of Disbursement Bank Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TA69
State: District:		

Full Name (Last, First, Middle Initial) c. US Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 333 E Hennepin Ave		Amount of Each Disbursement this Period 49.61
City Minneapolis	State MN	
Zip Code 55414-1015	Purpose of Disbursement Bank Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TA85
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	135.48
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 40 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. US Bank		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 333 E Hennepin Ave		Amount of Each Disbursement this Period 1250.98
City Minneapolis	State MN	
Zip Code 55414-1015	Purpose of Disbursement Credit Card Payment - Items below reporting threshold	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TB19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Maura Wise		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 3204 Grand Ave S		Amount of Each Disbursement this Period 21.28
City Minneapolis	State MN	
Zip Code 55408-3707	Purpose of Disbursement Mileage Reimbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1TAB9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1272.26
TOTAL This Period (last page this line number only).....	297404.26

**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 41 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Mary Lawrence		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 15945 Hampshire Ct		Amount of Each Disbursement this Period 250000.00
City Prior Lake	State MN	
Zip Code 55372	Purpose of Disbursement Repayment of Loan Received	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1TB02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		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	<input type="checkbox"/> Memo Item
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) C.		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	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250000.00
TOTAL This Period (last page this line number only).....	250000.00

**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 42 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Bal Agrawal		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 115 east 9th street Apt 6p		Amount of Each Disbursement this Period 250.00
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T2V7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Gideon Argov		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 99 Lincoln St		Amount of Each Disbursement this Period 2700.00
City Newton Highlands	State MA	
Zip Code 02461-1541	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SVW9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gideon Argov		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 99 Lincoln St		Amount of Each Disbursement this Period 2700.00
City Newton Highlands	State MA	
Zip Code 02461-1541	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SVZ3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Kevin J. Armstrong			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 506 River St			Amount of Each Disbursement this Period 350.00		
City Minneapolis	State MN	Zip Code 55401-2542	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T482			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. William Atmore MD			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016		
Mailing Address 4428 Fremont Ave S			Amount of Each Disbursement this Period 250.00		
City Minneapolis	State MN	Zip Code 55419-4743	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T409			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Samir Bahl			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 9 Crestwood Dr			Amount of Each Disbursement this Period 500.00		
City Chatham	State NJ	Zip Code 07928	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T5G6			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Marc L. Bailin		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 501 Madison Ave FI 14		Amount of Each Disbursement this Period 385.00
City New York	State NY	
Zip Code 10022-5616	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T4A8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Seth Barad		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 604 Biscayne Dr		Amount of Each Disbursement this Period 1000.00
City San Rafael	State CA	
Zip Code 94901-8323	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T789
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Thomas C Barry		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 1220 Park Avenue		Amount of Each Disbursement this Period 500.00
City New York	State NY	
Zip Code 10128	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5V3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1885.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Kenneth G. Bartels		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 595 Madison Ave Ph THE		Amount of Each Disbursement this Period 1000.00
City New York	State NY	
Zip Code 10022-1907	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6W4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Thomas Beckfeld		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5051 Mitchell Rd		Amount of Each Disbursement this Period 600.00
City Big Lake	State MN	
Zip Code 55309-8981	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T603
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Josh Bekenstein		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 52 High Rock Rd		Amount of Each Disbursement this Period 2700.00
City Wayland	State MA	
Zip Code 01778-3608	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWE1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Josh Bekenstein		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 52 High Rock Rd		Amount of Each Disbursement this Period 2700.00
City Wayland	State MA	
Zip Code 01778-3608	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWH5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Katherine Bellissimo		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 13893 40th St S		Amount of Each Disbursement this Period 2700.00
City Wellington	State FL	
Zip Code 33414-6930	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SW50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Katherine Bellissimo		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 13893 40th St S		Amount of Each Disbursement this Period 2700.00
City Wellington	State FL	
Zip Code 33414-6930	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SW84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Mark Bellissimo		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3560 Ambassador Dr		Amount of Each Disbursement this Period 2700.00
City Wellington	State FL Zip Code 33414-6816	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SWAO

Full Name (Last, First, Middle Initial) B. Mark Bellissimo		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3560 Ambassador Dr		Amount of Each Disbursement this Period 2700.00
City Wellington	State FL Zip Code 33414-6816	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SWB7

Full Name (Last, First, Middle Initial) c. Lawrence C. Bello		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3715 East Cherokee Street		Amount of Each Disbursement this Period 750.00
City Phoenix	State AZ Zip Code 85044-3866	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T644

SUBTOTAL of Disbursements This Page (optional).....	6150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Marc Belton		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 2419 E Lake Of The Isles Pkwy		Amount of Each Disbursement this Period 2700.00
City Minneapolis	State MN	
Zip Code 55405-2479	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SX87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marc Belton		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 2419 E Lake Of The Isles Pkwy		Amount of Each Disbursement this Period 2700.00
City Minneapolis	State MN	
Zip Code 55405-2479	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SXA2
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Andreas Bender		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 147 White Plains Rd		Amount of Each Disbursement this Period 350.00
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T458
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Susan Benes		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 2151 Arlington Ave		Amount of Each Disbursement this Period 500.00
City Columbus	State OH	
Zip Code 43221-4225	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5R9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Barry L. Berg		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 600 S 2nd St Apt 604		Amount of Each Disbursement this Period 1000.00
City Minneapolis	State MN	
Zip Code 55401-2195	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6G9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Steven Berglass		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 203 Seneca Pl		Amount of Each Disbursement this Period 500.00
City Milford	State CT	
Zip Code 06460	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5J2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. William L Bernhard		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 775 Park Ave		Amount of Each Disbursement this Period 500.00
City New York	State NY	
Zip Code 10021-4269	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T5X9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Michael Berthelot		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address PO Box 7277		Amount of Each Disbursement this Period 1000.00
City Rancho Santa Fe	State CA	
Zip Code 92067-7277	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T739
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Janet Betchkal		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 3 Shircliff Way Dillion Building		Amount of Each Disbursement this Period 250.00
City Jacksonville	State FL	
Zip Code 32217	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T3C1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. J Veronica Biggins			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 138 Peachtree Cir NE			Amount of Each Disbursement this Period 1500.00		
City Atlanta	State GA	Zip Code 30309-3205	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T7G2			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Janet Blynn			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 857 Lesley Rd			Amount of Each Disbursement this Period 1500.00		
City Villanova	State PA	Zip Code 19085-1117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T7S1			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Reid Blynn			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 857 Lesley Rd			Amount of Each Disbursement this Period 400.00		
City Villanova	State PA	Zip Code 19085-1117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refnd		Category/ Type			
Candidate Name		Transaction ID : VPEETA1SV26			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Reid Blynn		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 857 Lesley Rd		Amount of Each Disbursement this Period 2700.00
City Villanova	State PA Zip Code 19085-1117	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SV99

Full Name (Last, First, Middle Initial) B. Arminee Bowler		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 160 E 38th St Apt 16B		Amount of Each Disbursement this Period 1500.00
City New York	State NY Zip Code 10016-2611	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T7J8

Full Name (Last, First, Middle Initial) c. Jennifer Brandeberry		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 1656 Jasmine St		Amount of Each Disbursement this Period 1500.00
City Denver	State CO Zip Code 80220-1537	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T7R3

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Virginia Brooke		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 2908 Avenue O Apt 2		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T7C0
City Galveston State TX Zip Code 77550-7010	Purpose of Disbursement Refund Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Frank Brown		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 61 Old Post Rd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T6M1
City Rye State NY Zip Code 10580-1526	Purpose of Disbursement Refund Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Melissa Brown MD		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 6010 W Mill Rd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T721
City Flourtown State PA Zip Code 19031-1404	Purpose of Disbursement Refund Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. John Bryant		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 1400 Whites Rd		Amount of Each Disbursement this Period 250.00
City Kalamazoo	State MI Zip Code 49008-2836	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T3G3

Full Name (Last, First, Middle Initial) B. Kevin M. Burke		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3590 Roland Dr		Amount of Each Disbursement this Period 400.00
City Bloomfield Hills	State MI Zip Code 48301-2400	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T4D2

Full Name (Last, First, Middle Initial) c. Carmen Campbell		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5521 Woodcrest Dr		Amount of Each Disbursement this Period 2500.00
City Edina	State MN Zip Code 55424-1651	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T856

SUBTOTAL of Disbursements This Page (optional).....	3150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. James R. Campbell		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5521 Woodcrest Dr		Amount of Each Disbursement this Period 2300.00
City Edina	State MN	
Zip Code 55424-1651	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1STX6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. James R. Campbell		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5521 Woodcrest Dr		Amount of Each Disbursement this Period 2700.00
City Edina	State MN	
Zip Code 55424-1651	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SV81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gregory T. Carrott		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 17930 2200 North Ave Lowr 1		Amount of Each Disbursement this Period 2700.00
City Princeton	State IL	
Zip Code 61356-8333	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T8F5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Gerald M Caruso Jr.		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4949 Newton Ave S		Amount of Each Disbursement this Period 300.00
City Minneapolis	State MN	
Zip Code 55419-5253	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SV18
State: District:		

Full Name (Last, First, Middle Initial) B. Gerald M Caruso Jr.		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4949 Newton Ave S		Amount of Each Disbursement this Period 2700.00
City Minneapolis	State MN	
Zip Code 55419-5253	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SVC3
State: District:		

Full Name (Last, First, Middle Initial) c. Gilbert F. Casellas		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 7100 Beechwood Drive		Amount of Each Disbursement this Period 500.00
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T526
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Karen Casillas		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 474 Tree Hollow Ct		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Simi Valley	State CA	
Zip Code 93065-7311	Purpose of Disbursement Refund	Transaction ID : VPEETA1T518
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lili Chester		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4354 Fremont Ave S		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Minneapolis	State MN	
Zip Code 55409-1721	Purpose of Disbursement Refund	Transaction ID : VPEETA1T591
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Maria Christu		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5277 Lochloy Dr		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Minneapolis	State MN	
Zip Code 55436-2023	Purpose of Disbursement Refund	Transaction ID : VPEETA1T441
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Reatha Clark King		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 110 Bank St SE Apt 2403		Amount of Each Disbursement this Period 250.00
City Minneapolis	State MN	
Zip Code 55414-3906	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T3P0
State: District:		

Full Name (Last, First, Middle Initial) B. Paul D Cleary		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 60 College St PO Box 208034		Amount of Each Disbursement this Period 1100.00
City Branford	State CT	
Zip Code 06405	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T7E6
State: District:		

Full Name (Last, First, Middle Initial) c. Florence Cohen		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2155 S Ocean Blvd Apt 8		Amount of Each Disbursement this Period 2300.00
City Delray Beach	State FL	
Zip Code 33483-6426	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1STY4
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Florence Cohen		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2155 S Ocean Blvd Apt 8		Amount of Each Disbursement this Period 2700.00
City Delray Beach	State FL Zip Code 33483-6426	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SV59
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Sander Cohen		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 8 Cameo Dr		Amount of Each Disbursement this Period 250.00
City Cherry Hill	State NJ Zip Code 08003-5125	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T3N2
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Kenneth Coleman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 133 Shaw Rd		Amount of Each Disbursement this Period 1500.00
City Chestnut Hill	State MA Zip Code 02467-3169	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T7T9
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Timothy Collins		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 26 Prescott Ave		Amount of Each Disbursement this Period 5,000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T830
City Bronxville	State NY	
Zip Code 10708-3010	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Chadwick Cornell		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 11712 Mount Curve Rd		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T4J1
City Eden Prairie	State MN	
Zip Code 55347-2927	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jim Coughlan		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 2 Waterview Ln		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T8D9
City Setauket	State NY	
Zip Code 11733-1528	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Lewis B. Cullman			Date of Disbursement MM / DD / YYYY 02 / 08 / 2016		
Mailing Address 555 Park Avenue Apt. 12W			Amount of Each Disbursement this Period 2700.00		
City New York	State NY	Zip Code 10065	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEETA1T8M4		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. James Damian			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 4308 Fremont Ave S			Amount of Each Disbursement this Period 250.00		
City Minneapolis	State MN	Zip Code 55409-1721	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEETA1T3E7		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Daniel Day MD			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 1635 Cedar Lake Pkwy			Amount of Each Disbursement this Period 500.00		
City Minneapolis	State MN	Zip Code 55416-3613	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEETA1T4K9		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	3450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Pamela Deal		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address PO Box 159		Amount of Each Disbursement this Period 2700.00
City Anoka	State MN	
Zip Code 55303-0159	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T8P0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. A. Luisa Di Lorenzo		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 2877 Crooks Rd Ste B		Amount of Each Disbursement this Period 250.00
City Troy	State MI	
Zip Code 48084-4717	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T2Z8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stacy S. Dick		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 6 W 77th St # 11-A		Amount of Each Disbursement this Period 500.00
City New York	State NY	
Zip Code 10024-5125	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5Q1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Gregory C. Dinges		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 72 Willowbrook St		Amount of Each Disbursement this Period 1000.00
City Hutchinson	State KS	
Zip Code 67502-8948	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6P6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Thomas Draper		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 24 Fieldmont Rd		Amount of Each Disbursement this Period 500.00
City Belmont	State MA	
Zip Code 02478-2607	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5Z5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bob Duffy		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 2519 Pacific Ave		Amount of Each Disbursement this Period 250.00
City San Francisco	State CA	
Zip Code 94115-1162	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T2X2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Edward Dunlap			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 4771 Longpoint Dr			Amount of Each Disbursement this Period 500.00		
City Huntington Beach	State CA	Zip Code 92649	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEETA1T4S4		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Blair Efron			Date of Disbursement MM / DD / YYYY 02 / 08 / 2016		
Mailing Address 39 E 79th St # 8			Amount of Each Disbursement this Period 500.00		
City New York	State NY	Zip Code 10075-0240	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEETA1T4N3		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Geoffrey G Emerson MD			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 1901 Humboldt Ave S			Amount of Each Disbursement this Period 400.00		
City Minneapolis	State MN	Zip Code 55403	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEETA1T490		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Matthew Entenza		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 672 Summit Ave Unit 302		Amount of Each Disbursement this Period 500.00
City Saint Paul	State MN	
Zip Code 55105-3467	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5A9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Martha Erickson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4420 Fremont Ave S		Amount of Each Disbursement this Period 500.00
City Minneapolis	State MN	
Zip Code 55419-4743	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5F8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Constance Everson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 60 Glen Rd Apt 203		Amount of Each Disbursement this Period 250.00
City Brookline	State MA	
Zip Code 02445-7731	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T2Y0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Pat Fallon			Date of Disbursement MM / DD / YYYY 03 / 09 / 2016		
Mailing Address 4300 Fremont Ave S			Amount of Each Disbursement this Period 300.00		
City Minneapolis	State MN	Zip Code 55409-1721	Memo Item <input type="checkbox"/>		
Purpose of Disbursement refund		Candidate Name	Transaction ID : VPEETA1SV33		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. Pat Fallon			Date of Disbursement MM / DD / YYYY 03 / 09 / 2016		
Mailing Address 4300 Fremont Ave S			Amount of Each Disbursement this Period 2700.00		
City Minneapolis	State MN	Zip Code 55409-1721	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SVA7		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. Harley Feldberg			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 7815 n sherri lane paradise valley			Amount of Each Disbursement this Period 1000.00		
City Paradise Valley	State AZ	Zip Code 85253	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T6Y0		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Linda Fischer		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 9 Slope Dr		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Short Hills	State NJ	
Zip Code 07078	Purpose of Disbursement Refund	Transaction ID : VPEETA1T6S0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tom Fishburne		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address PO Box 74		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Ross	State CA	
Zip Code 94957-0074	Purpose of Disbursement Refund	Transaction ID : VPEETA1T433
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Simon J. Foster		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 225 S 6th St Ste 2750		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Minneapolis	State MN	
Zip Code 55410	Purpose of Disbursement Refund	Transaction ID : VPEETA1T7W5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Bill Frack			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 320 Hilgard Ave			Amount of Each Disbursement this Period 2500.00		
City Los Angeles	State CA	Zip Code 90024-2519	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T871			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Ronald Frank			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address PO Box 81028			Amount of Each Disbursement this Period 250.00		
City Wellesley	State MA	Zip Code 02481-0001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T3R6			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Barry Friedberg			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 134 E 71st St			Amount of Each Disbursement this Period 500.00		
City New York	State NY	Zip Code 10021-5011	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T4M5			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Wendy Frieder			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016		
Mailing Address 10 Danny Ln			Amount of Each Disbursement this Period 2700.00		
City Chappaqua	State NY	Zip Code 10514	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1SX61			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Wendy Frieder			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016		
Mailing Address 10 Danny Ln			Amount of Each Disbursement this Period 2700.00		
City Chappaqua	State NY	Zip Code 10514	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1SXB0			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Ian Friendly			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 19825 Chartwell HI			Amount of Each Disbursement this Period 2000.00		
City Excelsior	State MN	Zip Code 55331-7034	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T7V7			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional)	7400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. David Galligan			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 2257 Sargent Ave			Amount of Each Disbursement this Period 250.00		
City Saint Paul	State MN	Zip Code 55105-1157	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T306		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. Tom Gehrt			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address 239 Buck Toe Hills Rd			Amount of Each Disbursement this Period 2500.00		
City Kennett Square	State PA	Zip Code 19348-2719	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T8C1		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. James Bryson Gilbert			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 2116 E Washington Ave			Amount of Each Disbursement this Period 1435.00		
City Madison	State WI	Zip Code 53704-5208	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T7H0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	4185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Enid Gilbert-Barness			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 139 Abbott Rd			Amount of Each Disbursement this Period 2700.00	
City Wellesley Hills	State MA	Zip Code 02481-6124	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SVK8	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Enid Gilbert-Barness			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 139 Abbott Rd			Amount of Each Disbursement this Period 2700.00	
City Wellesley Hills	State MA	Zip Code 02481-6124	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SVN4	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) c. Michael Glennon			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address 1600 Clarendon Blvd. #w405			Amount of Each Disbursement this Period 500.00	
City Arlington	State VA	Zip Code 22209	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T5D2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Luella G. Goldberg		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 7019 Tupa Dr		Amount of Each Disbursement this Period 450.00
City Edina	State MN	
Zip Code 55439-1643	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T4G5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marshall Goldsmith		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address PO Box 9710		Amount of Each Disbursement this Period 2100.00
City Rancho Santa Fe	State CA	
Zip Code 92067-4710	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T848
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Richard Goodman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6 Evergreen Ln		Amount of Each Disbursement this Period 2000.00
City Larchmont	State NY	
Zip Code 10538-1027	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T7Z8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Lynn Gordon		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3924 Hilton Head Way		Amount of Each Disbursement this Period 250.00
City Tarzana	State CA	
Zip Code 91356-5708	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T3Q8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Douglas J. Gorence		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 4 Saint Albans Rd E		Amount of Each Disbursement this Period 500.00
City Hopkins	State MN	
Zip Code 55305-4414	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T4P1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Anett D. Grant		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 60 S 6th St Ste 3610		Amount of Each Disbursement this Period 800.00
City Minneapolis	State MN	
Zip Code 55402-4436	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T660
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. James Graves			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 3815 Washburn Ave S			Amount of Each Disbursement this Period 2700.00	
City Minneapolis	State MN	Zip Code 55410-1129	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SW34	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. James Graves			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 3815 Washburn Ave S			Amount of Each Disbursement this Period 2700.00	
City Minneapolis	State MN	Zip Code 55410-1129	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SW68	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Sima Griffith			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 1786 James Ave S			Amount of Each Disbursement this Period 350.00	
City Minneapolis	State MN	Zip Code 55403-2827	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T397	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Karyn Gruenberg Goldstein			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2425 L St NW Apt 230			Amount of Each Disbursement this Period 250.00	
City Washington	State DC	Zip Code 20037-2418	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T3F5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. David Gural			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 200 Avon Rd			Amount of Each Disbursement this Period 1250.00	
City Haverford	State PA	Zip Code 19041	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T7M3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) c. David A. Gutzke			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2218 Sheridan Ave S			Amount of Each Disbursement this Period 250.00	
City Minneapolis	State MN	Zip Code 55405-2339	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T322	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Roger Hale		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 117 Portland Ave. #501		Amount of Each Disbursement this Period 1100.00
City Minneapolis	State MN	
Zip Code 55401	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T7F4
State: District:		

Full Name (Last, First, Middle Initial) B. Lili Hall Scarpa		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 200 Natchez Ave S		Amount of Each Disbursement this Period 250.00
City Minneapolis	State MN	
Zip Code 55416-3306	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T3H0
State: District:		

Full Name (Last, First, Middle Initial) c. Jeffrey T. Hall		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 4500 Drexel Ave		Amount of Each Disbursement this Period 500.00
City Minneapolis	State MN	
Zip Code 55424-1130	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T4X6
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey T. Hall		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4500 Drexel Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T6Q4
City Minneapolis	State MN	
Zip Code 55424-1130	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lili Hall		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 200 Natchez Ave S		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T3K6
City Minneapolis	State MN	
Zip Code 55416-3306	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Richard Hamada		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5219 N Casa Blanca Dr # 46		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1SWQ2
City Paradise Valley	State AZ	
Zip Code 85253-6201	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Richard Hamada		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5219 N Casa Blanca Dr # 46		Amount of Each Disbursement this Period 2700.00
City Paradise Valley	State AZ	
Zip Code 85253-6201	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWY8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Thomas L. Hamlin		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 13904 Crowne Hill Ln		Amount of Each Disbursement this Period 250.00
City Minnetonka	State MN	
Zip Code 55305-2263	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T3T2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Edward j Hardin		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 870 Berkshire Rd NE		Amount of Each Disbursement this Period 2700.00
City Atlanta	State GA	
Zip Code 30324-4930	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T8E7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Francis Hawkings		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 322 Culver Blvd # 308		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City Playa Del Rey	State CA	
Zip Code 90293-7704	Purpose of Disbursement Refund	Transaction ID : VPEETA1T8B3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. William Hiltz		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 298 Henry St		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Brooklyn	State MN	
Zip Code 11201	Purpose of Disbursement Refund	Transaction ID : VPEETA1T864
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stuart Jackson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 90 Linden Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Glencoe	State IL	
Zip Code 60022-2143	Purpose of Disbursement Refund	Transaction ID : VPEETA1T771
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jonathan C. Javitt MD, MPH			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 8300 Twin Forks Ln			Amount of Each Disbursement this Period 2700.00		
City Chevy Chase	State MD	Zip Code 20815-4847	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SW92		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. Jonathan C. Javitt MD, MPH			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 8300 Twin Forks Ln			Amount of Each Disbursement this Period 2700.00		
City Chevy Chase	State MD	Zip Code 20815-4847	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SWC5		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. Matt Johnson			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address 2851 Huntington Ave			Amount of Each Disbursement this Period 300.00		
City Saint Louis Park	State MN	Zip Code 55416-4108	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T425		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Patricia Johnson			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 13543 Woodmere Cir			Amount of Each Disbursement this Period 350.00	
City Eden Prairie	State MN	Zip Code 55346	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1T4C4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Sam Kaplan			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 510 River St			Amount of Each Disbursement this Period 250.00	
City Minneapolis	State MN	Zip Code 55401-2542	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1T3S4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Jerrold B. Katzman			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 74 Oak End Way			Amount of Each Disbursement this Period 2700.00	
City Gerrards Cross	State Un	Zip Code SL98BZ	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1T9V2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jerrold B. Katzman			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 74 Oak End Way			Amount of Each Disbursement this Period 2700.00		
City Gerrards Cross	State Un	Zip Code SL98BZ	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T9W0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. James Kelley			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 200 Cherry St			Amount of Each Disbursement this Period 1500.00		
City Denver	State CO	Zip Code 80220-5638	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T7Q7		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. Stephen P. Kelley			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 7 Fletcher Pl			Amount of Each Disbursement this Period 300.00		
City Hopkins	State MN	Zip Code 55305-4428	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T417		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Dennis Kelly			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 137 glen head road			Amount of Each Disbursement this Period 2000.00		
City glen head	State NY	Zip Code 11545	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T806			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Lawrence Kemp			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 22 Montgomery Ln			Amount of Each Disbursement this Period 2700.00		
City Greenwich	State CT	Zip Code 06830-4012	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T8G3			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Robert Kennis			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 825 Stony Hill Rd			Amount of Each Disbursement this Period 500.00		
City Tiburon	State CA	Zip Code 94920-1503	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T5N6			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Maria Kenworthy			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 4534 Fremont Ave S			Amount of Each Disbursement this Period 300.00	
City Minneapolis	State MN	Zip Code 55419-4745	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T474	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Ernest Kornmehl			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 446 Dudley Rd			Amount of Each Disbursement this Period 1000.00	
City Newton	State MA	Zip Code 02459-2813	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T6V6	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) C. Marc Kozin			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 586 Old Marlboro Rd			Amount of Each Disbursement this Period 500.00	
City Concord	State MA	Zip Code 01742-4042	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T559	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Robert Kueppers		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 11 Marshall Ln		Amount of Each Disbursement this Period 500.00
City Weston	State CT	
Zip Code 06883-1230	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T5H4
State: District:		

Full Name (Last, First, Middle Initial) B. Christian Lawrence		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 19545 Hampshire Ct		Amount of Each Disbursement this Period 2700.00
City Prior Lake	State MN	
Zip Code 55372-8127	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SVE8
State: District:		

Full Name (Last, First, Middle Initial) c. Christian Lawrence		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 19545 Hampshire Ct		Amount of Each Disbursement this Period 2700.00
City Prior Lake	State MN	
Zip Code 55372-8127	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SVH2
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. James S Lawrence			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 19545 Hampshire Ct			Amount of Each Disbursement this Period 2700.00
City Prior Lake	State MN	Zip Code 55372-8127	
Purpose of Disbursement Refund		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1SVX7
State: District:			

Full Name (Last, First, Middle Initial) B. James S Lawrence			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 19545 Hampshire Ct			Amount of Each Disbursement this Period 2700.00
City Prior Lake	State MN	Zip Code 55372-8127	
Purpose of Disbursement Refund		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1SW18
State: District:			

Full Name (Last, First, Middle Initial) c. Thomas Lawrence			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 19545 Hampshire Ct			Amount of Each Disbursement this Period 2700.00
City Prior Lake	State MN	Zip Code 55372-8127	
Purpose of Disbursement Refund		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1SX11
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

A. Thomas Lawrence

Full Name (Last, First, Middle Initial)
Mailing Address 19545 Hampshire Ct

City Prior Lake State MN Zip Code 55372-8127

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 17 / 2016

Amount of Each Disbursement this Period
2700.00

Memo Item

Transaction ID : VPEETA1SX53

B. Beth Kieffer Leonard

Full Name (Last, First, Middle Initial)
Mailing Address 11650 Timberline Rd

City Hopkins State MN Zip Code 55305-2046

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 26 / 2016

Amount of Each Disbursement this Period
250.00

Memo Item

Transaction ID : VPEETA1T067

C. Jonathan W. Levin

Full Name (Last, First, Middle Initial)
Mailing Address 151 E 79th St
FI 8

City New York State NY Zip Code 10075-0564

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 26 / 2016

Amount of Each Disbursement this Period
1000.00

Memo Item

Transaction ID : VPEETA1T6T8

SUBTOTAL of Disbursements This Page (optional) 3950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Ken Levinson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 90 South Seventh St. # 2200		Amount of Each Disbursement this Period 450.00
City Minneapolis	State MN	
Zip Code 55436	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T4F7
State: District:		

Full Name (Last, First, Middle Initial) B. Frank Levy		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 736 Foster Dr		Amount of Each Disbursement this Period 1350.00
City Des Moines	State IA	
Zip Code 50312-2520	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T7P9
State: District:		

Full Name (Last, First, Middle Initial) C. Erin Lewin		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2211 S 47th St		Amount of Each Disbursement this Period 500.00
City Phoenix	State AZ	
Zip Code 85034-6403	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T4Z2
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. John N. Lilly		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3655 Northome Rd		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN	
Zip Code 55391-3020	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1SW42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. John N. Lilly		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3655 Northome Rd		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN	
Zip Code 55391-3020	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1SW76
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Steve Lipman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 310 W 72nd St		Amount of Each Disbursement this Period 2500.00
City New York	State NY	
Zip Code 10023-2675	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T889
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Frank Lorenzo		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 565 5th Ave		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10017-2413	Purpose of Disbursement Refund	Transaction ID : VPEETA1T330
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ellen Luger		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 1710 Colfax Ave S		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item
City Minneapolis	State MN	
Zip Code 55403	Purpose of Disbursement Refund	Transaction ID : VPEETA1T3A5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paul A. Maeder		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 16 Fayerweather St		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Cambridge	State MA	
Zip Code 02138-3330	Purpose of Disbursement Refund	Transaction ID : VPEETA1T5C5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Dan Malina		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 18442 Nicklaus Way		Amount of Each Disbursement this Period 1000.00
City Eden Prairie	State MN	
Zip Code 55347-3438	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6E3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Siri Marshall		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 846 Lilac Dr		Amount of Each Disbursement this Period 1000.00
City Santa Barbara	State CA	
Zip Code 93108-1439	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T796
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Geoff Martha		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2118 Shadywood Rd		Amount of Each Disbursement this Period 500.00
City Wayzata	State MN	
Zip Code 55391-9222	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SYR4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Debra Martinson			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 3020 St Albans Mill Rd 209			Amount of Each Disbursement this Period 330.00	
City Hopkins	State MN	Zip Code 55305	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T4B6	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. Sharon McCollam			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address P. O. Box 16131 7601 Penn Avenue South			Amount of Each Disbursement this Period 500.00	
City Minneapolis	State MN	Zip Code 55416	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T5S7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) c. Gregory McEwen			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 5850 Blackshire Path			Amount of Each Disbursement this Period 250.00	
City Inver Grove Heights	State MN	Zip Code 55076-1619	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T371	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1080.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Peter L. McKelvey		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 272 Highland Ave		Amount of Each Disbursement this Period 500.00
City Newton	State MA	
Zip Code 02465-2514	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T5B7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. James C. Melville		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 100 2nd St SE Apt 403		Amount of Each Disbursement this Period 250.00
City Minneapolis	State MN	
Zip Code 55414-2141	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T3D9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alan C Mendelson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 76 De Bell Drive		Amount of Each Disbursement this Period 550.00
City Atherton	State CA	
Zip Code 94027	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T5W1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Russell Michaletz			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 5301 Evanswood Lane			Amount of Each Disbursement this Period 600.00		
City MinneapolisEdina	State MN	Zip Code 55436	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T610			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. MaryAnn Miller			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 11867 N 118th St			Amount of Each Disbursement this Period 1000.00		
City Scottsdale	State AZ	Zip Code 85259-3215	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T705			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. James Millstein			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016		
Mailing Address 3249 Newark St NW			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20008-3346	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEETA1T6N8			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Kent Mogler		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 592 High Ridge Cir		Amount of Each Disbursement this Period 500.00
City Mendota Heights	State MN	
Zip Code 55118-4351	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T575
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kevin Moriarty		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6113 E Jenan Dr		Amount of Each Disbursement this Period 500.00
City Scottsdale	State AZ	
Zip Code 85254-4956	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T583
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Peter Moses		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2 Vista Ave		Amount of Each Disbursement this Period 500.00
City Old Greenwich	State CT	
Zip Code 06870-2135	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5M8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Timothy Mulcahy			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016	
Mailing Address 4401 E Lake Harriet Blvd			Amount of Each Disbursement this Period 2700.00	
City Minneapolis	State MN	Zip Code 55419-4746	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T8N2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Donal Mulligan			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 4406 Sunnyside Rd			Amount of Each Disbursement this Period 1000.00	
City Edina	State MN	Zip Code 55424-1102	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T6J5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Stephen R Munger			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 16 Knollwood Dr			Amount of Each Disbursement this Period 1000.00	
City Greenwich	State CT	Zip Code 06830-4733	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T7B2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	4700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Douglas J. Newby		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address PO Box 3230		Amount of Each Disbursement this Period 650.00
City Sag Harbor	State NY	
Zip Code 11963-0407	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T636
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Nierenberg		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 19606 NE 8th St		Amount of Each Disbursement this Period 2700.00
City Camas	State WA	
Zip Code 98607-9252	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWV1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. David Nierenberg		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 19606 NE 8th St		Amount of Each Disbursement this Period 2700.00
City Camas	State WA	
Zip Code 98607-9252	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SW01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Bennett Nussbaum		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2173 Marshbrook Rd		Amount of Each Disbursement this Period 2700.00
City Thousand Oaks	State CA	
Zip Code 91361-5059	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SVF6
State: District:		

Full Name (Last, First, Middle Initial) B. Bennett Nussbaum		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2173 Marshbrook Rd		Amount of Each Disbursement this Period 2700.00
City Thousand Oaks	State CA	
Zip Code 91361-5059	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SVJ0
State: District:		

Full Name (Last, First, Middle Initial) c. Cassandra O'Hern		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 38780 10th Ave		Amount of Each Disbursement this Period 1000.00
City Dennison	State MN	
Zip Code 55018-7604	Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T6C7
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Edward OConnell		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6005 Cairn Ter		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Bethesda	State MD	
Zip Code 20817-5405	Purpose of Disbursement Refund	Transaction ID : VPEETA1T6K3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Adrienne Oesterle		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2424 W Lake Of The Isles Pkwy		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Minneapolis	State MN	
Zip Code 55405-2331	Purpose of Disbursement Refund	Transaction ID : VPEETA1T7K5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stephen N. Oesterle		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2529 Irving Ave S		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Minneapolis	State MN	
Zip Code 55405-3529	Purpose of Disbursement Refund	Transaction ID : VPEETA1T814
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Darin Opperman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 14771 Summer Oaks Dr		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN	
Zip Code 55391-2230	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1SVP2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Darin Opperman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 14771 Summer Oaks Dr		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN	
Zip Code 55391-2230	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1SVS5
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nathaniel Opperman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6385 Forestview Ln N		Amount of Each Disbursement this Period 500.00
City Maple Grove	State MN	
Zip Code 55369-6188	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T5E0
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Vance Opperman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 14771 Summer Oaks Dr FI STREET52ND		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN Zip Code 55391-2230	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SX37

Full Name (Last, First, Middle Initial) B. Vance Opperman		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 14771 Summer Oaks Dr FI STREET52ND		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN Zip Code 55391-2230	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SX79

Full Name (Last, First, Middle Initial) c. Scott Ostfeld		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 11 Park St		Amount of Each Disbursement this Period 2700.00
City Tenafly	State NJ Zip Code 07670-2217	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SWZ5

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Scott Ostfeld		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 11 Park St		Amount of Each Disbursement this Period 2700.00
City Tenafly	State NJ	
Zip Code 07670-2217	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SX45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Clarence Otis Jr.		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 5336 Isleworth Country Club Dr		Amount of Each Disbursement this Period 1000.00
City Windermere	State FL	
Zip Code 34786-8923	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6D5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jerome Paquin		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 222 7th St SE		Amount of Each Disbursement this Period 250.00
City Minneapolis	State MN	
Zip Code 55414-1112	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T3B3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. David Parker		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 200 E 90th St Apt 29A		Amount of Each Disbursement this Period 2700.00
City New York	State NY	
Zip Code 10128-3528	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SVR7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Parker		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 200 E 90th St Apt 29A		Amount of Each Disbursement this Period 2700.00
City New York	State NY	
Zip Code 10128-3528	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SVT3
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. John J. Pearl		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 46 Arcadia Rd		Amount of Each Disbursement this Period 500.00
City Old Greenwich	State CT	
Zip Code 06870-1715	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T541
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Michael Peel		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 300 Prospect St		Amount of Each Disbursement this Period 2700.00
City New Haven	State CT	
Zip Code 06511-2187	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWT6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Michael Peel		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 300 Prospect St		Amount of Each Disbursement this Period 2700.00
City New Haven	State CT	
Zip Code 06511-2187	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWX0
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Elizabeth Petit		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 157 Kent St		Amount of Each Disbursement this Period 230.00
City Saint Paul	State MN	
Zip Code 55102-1713	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T364
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5630.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jim Phillips		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 230 east 18th Street Apt. C		Amount of Each Disbursement this Period 500.00
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T4Y4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Robert C. Pohl		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 4801 Bywood St W		Amount of Each Disbursement this Period 2700.00
City Edina	State MN	
Zip Code 55436-1306	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWV4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Robert C. Pohl		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 4801 Bywood St W		Amount of Each Disbursement this Period 2700.00
City Edina	State MN	
Zip Code 55436-1306	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SX29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. William Purcell		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address PO Box 60331		Amount of Each Disbursement this Period 250.00
City Nashville	State TN	
Zip Code 37206-0331	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T321
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nii Quaye		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 6932 Dawson Ln		Amount of Each Disbursement this Period 300.00
City Edina	State MN	
Zip Code 55435-1602	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SV41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Nii Quaye		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 6932 Dawson Ln		Amount of Each Disbursement this Period 2700.00
City Edina	State MN	
Zip Code 55435-1602	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SVB5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Jean Ramsey MD		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 58 Gregory Island Rd		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T356
City South Hamilton State MA Zip Code 01982-2637	Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	

Full Name (Last, First, Middle Initial) B. Maureen Reed		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 8596 Kimbro Ln N		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T8R6
City Stillwater State MN Zip Code 55082-8330	Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	

Full Name (Last, First, Middle Initial) C. Elizabeth Reichert		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 4460 W Lake Harriet Pkwy		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T4T2
City Minneapolis State MN Zip Code 55410-1967	Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Lizanne Rosenstein		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 767 5th Ave FI 8		Amount of Each Disbursement this Period 2700.00
City New York	State NY	
Zip Code 10153-0023	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWD3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lizanne Rosenstein		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 767 5th Ave FI 8		Amount of Each Disbursement this Period 2700.00
City New York	State NY	
Zip Code 10153-0023	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWG7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kathleen Smith Ruhland		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2772 West River Parkway		Amount of Each Disbursement this Period 300.00
City Minneapolis	State MN	
Zip Code 55406	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SV00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Kathleen Smith Ruhland			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2772 West River Parkway			Amount of Each Disbursement this Period 2700.00	
City Minneapolis	State MN	Zip Code 55406	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1SV75		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Robert L. Ryan			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2262 W Lake Of The Isles Pkwy			Amount of Each Disbursement this Period 2000.00	
City Minneapolis	State MN	Zip Code 55405-2434	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1T7X2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Jerry Samargia			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 1942 Beechwood Ave			Amount of Each Disbursement this Period 2700.00	
City Saint Paul	State MN	Zip Code 55116-2037	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1T8H0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Stephen W. Sanger		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 16588 Grays Bay Blvd		Amount of Each Disbursement this Period 2700.00
City Wayzata	State MN	
Zip Code 55391-2915	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T8Q8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amarpreet Sawhney		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 6 Porter Ln		Amount of Each Disbursement this Period 1000.00
City Lexington	State MA	
Zip Code 02420-1847	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6A2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Daniel Schechter		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 25040 Mulholland Hwy		Amount of Each Disbursement this Period 300.00
City Calabasas	State CA	
Zip Code 91302-2314	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T3Y3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Richardson Schell			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address PO Box 2006 P.O. Box 2006			Amount of Each Disbursement this Period 700.00	
City Kent	State CT	Zip Code 06757-0640	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund			Transaction ID : VPEETA1T652	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. David Schintzius			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2211 S 47th St			Amount of Each Disbursement this Period 350.00	
City Phoenix	State AZ	Zip Code 85034-6403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund			Transaction ID : VPEETA1T466	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Joel Schuman			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 5416 Darlington Rd			Amount of Each Disbursement this Period 500.00	
City Pittsburgh	State PA	Zip Code 15217-1506	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund			Transaction ID : VPEETA1T500	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. William H. Schumann			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016	
Mailing Address 900 N Green Bay Rd			Amount of Each Disbursement this Period 1000.00	
City Lake Forest	State IL	Zip Code 60045	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T7D8	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. L Ridgway Scott			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 4530 Ferncroft Rd			Amount of Each Disbursement this Period 300.00	
City Mercer Island	State WA	Zip Code 98040-3820	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T3V9	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) C. Eilif Serck-Hanssen			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 1310 Maywood Ave			Amount of Each Disbursement this Period 2500.00	
City Towson	State MD	Zip Code 21204-3646	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T8J8	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Nancy Shaich		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 23 Prescott Street		Amount of Each Disbursement this Period 1000.00
City Brooklin	State MA	
Zip Code 02446	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T747
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Carol Shields		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 617 Williamson Rd		Amount of Each Disbursement this Period 1000.00
City Bryn Mawr	State PA	
Zip Code 19010-1932	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1SY14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Scott H. Shlecter		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1714 Angelo Dr		Amount of Each Disbursement this Period 500.00
City Beverly Hills	State CA	
Zip Code 90210-2722	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T5K0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Carin Simpson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4501 E Lake Harriet Blvd		Amount of Each Disbursement this Period 500.00
City Minneapolis	State MN Zip Code 55419-4747	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T4H3

Full Name (Last, First, Middle Initial) B. Christopher A. Sinclair		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 615 Lake Ave		Amount of Each Disbursement this Period 1000.00
City Greenwich	State CT Zip Code 06830-3833	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T6B9

Full Name (Last, First, Middle Initial) C. Arthur Sit MD		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 1079 Fox Hill PI SW		Amount of Each Disbursement this Period 250.00
City Rochester	State MN Zip Code 55902-6648	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T314

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Lee Skold			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 2018 Humboldt Ave S			Amount of Each Disbursement this Period 1000.00
City Minneapolis	State MN	Zip Code 55405-2507	
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1T5P4
State: District:			

Full Name (Last, First, Middle Initial) B. Gregory Skuta			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1516 Sweetbriar Ct			Amount of Each Disbursement this Period 250.00
City Edmond	State OK	Zip Code 73034-6555	
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1T348
State: District:			

Full Name (Last, First, Middle Initial) C. Andrew Slater			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1712 W North Ave Apt 4			Amount of Each Disbursement this Period 500.00
City Chicago	State IL	Zip Code 60622-7850	
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEETA1T4E0
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Andrew Slater		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 147 N Keats Avenue		Amount of Each Disbursement this Period 4,500.00 <input type="checkbox"/> Memo Item
City Louisville	State KY	
Zip Code 40206	Purpose of Disbursement Refund	Transaction ID : VPEETA1T694
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Edward Smith		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 910 W End Ave Apt 12F		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10025-3732	Purpose of Disbursement Refund	Transaction ID : VPEETA1T4V0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lonnie Smith		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1266 Kifer Rd Building 101		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City Sunnyvale	State CA	
Zip Code 94086-5304	Purpose of Disbursement Refund	Transaction ID : VPEETA1T897
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Katherine Sperling		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 166 Mercer St Apt 5B		Amount of Each Disbursement this Period 500.00
City New York	State NY	
Zip Code 10012-3983	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Linda Stacey		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 4541 E Lake Harriet Blvd		Amount of Each Disbursement this Period 1000.00
City Minneapolis	State MN	
Zip Code 55419-4747	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6Z7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rulon Stacey		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 4541 E Lake Harriet Blvd		Amount of Each Disbursement this Period 2000.00
City Minneapolis	State MN	
Zip Code 55419-4747	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T7Y0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Connie Stafford			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address PO Box 4405			Amount of Each Disbursement this Period 1000.00	
City Breckenridge	State CO	Zip Code 80424-4405	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T1Z5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. John Stafford			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address PO Box 4405			Amount of Each Disbursement this Period 1000.00	
City Breckenridge	State CO	Zip Code 80424-4405	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T6X2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) c. Douglas Steenland			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 3065 University Ter NW			Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20016-3462	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T6H7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Christi Strauss			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 2204 W Lake Of The Isles Pkwy			Amount of Each Disbursement this Period 500.00		
City Minneapolis	State MN	Zip Code 55405-2426	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T4R7		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. Joseph Struckus			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 10 Main St # 2219			Amount of Each Disbursement this Period 800.00		
City New Preston	State CT	Zip Code 06777-1716	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T678		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. Antony Talalay			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 11403 Woodland Dr			Amount of Each Disbursement this Period 800.00		
City Lutherville Timonium	State MD	Zip Code 21093-1514	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T686		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. William Tasman MD		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 550 E Gravers Ln		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T3X5
City Wyndmoor	State PA	
Zip Code 19038-8411	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Thomas Telander		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 7373 France Ave S		Amount of Each Disbursement this Period 550.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1T628
City Edina	State MN	
Zip Code 55435-4534	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Kaimay Terry		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2058 Shoreline Dr		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Memo Item Transaction ID : VPEETA1SY30
City Wayzata	State MN	
Zip Code 55391-9773	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. John F. Thomas		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 25 Burr Dr		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City Needham	State MA	
Zip Code 02492	Purpose of Disbursement Refund	Transaction ID : VPEETA1T8A5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lars Tiffany		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address PO Box 1932		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item
City Providence	State RI	
Zip Code 02912-1932	Purpose of Disbursement Refund	Transaction ID : VPEETA1T3J8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. David Van Benschoten		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 12015 Cambridge Ct		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item
City Minnetonka	State MN	
Zip Code 55305-2525	Purpose of Disbursement Refund	Transaction ID : VPEETA1T0K0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Peter H. Van Oppen		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5257 Forest Ave SE		Amount of Each Disbursement this Period 1000.00
City Mercer Island State WA Zip Code 98040-4625	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T755
State: District:		

Full Name (Last, First, Middle Initial) B. Thomas Veitch		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 141 5th Ave Apt 3A		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10010-7123	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T5Y7
State: District:		

Full Name (Last, First, Middle Initial) c. Anton Vincent		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 13925 Emerald Rdg		Amount of Each Disbursement this Period 500.00
City Minnetonka State MN Zip Code 55305-2266	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1T4Q9
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Judith Von Seldeneck		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address One Commerce Square 2005 Market St Suite 3300		Amount of Each Disbursement this Period 1000.00
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T6R2

Full Name (Last, First, Middle Initial) B. Mary Sue Vorbrich		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 4309 Fremont Ave S		Amount of Each Disbursement this Period 2700.00
City Minneapolis	State MN Zip Code 55409-1720	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SWM9

Full Name (Last, First, Middle Initial) c. Mary Sue Vorbrich		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 4309 Fremont Ave S		Amount of Each Disbursement this Period 2700.00
City Minneapolis	State MN Zip Code 55409-1720	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SWP4

SUBTOTAL of Disbursements This Page (optional).....	6400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Peter Vorbrich			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016	
Mailing Address 4309 Fremont Ave S			Amount of Each Disbursement this Period 2700.00	
City Minneapolis	State MN	Zip Code 55409-1720	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1SWN6		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Peter Vorbrich			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016	
Mailing Address 4309 Fremont Ave S			Amount of Each Disbursement this Period 2700.00	
City Minneapolis	State MN	Zip Code 55409-1720	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1SWS8		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Daniel Voss			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 10 Hancock Ave			Amount of Each Disbursement this Period 2700.00	
City Lexington	State MA	Zip Code 02420-3450	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VPEETA1SVD0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Daniel Voss		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 10 Hancock Ave		Amount of Each Disbursement this Period 2700.00
City Lexington	State MA Zip Code 02420-3450	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SVG4

Full Name (Last, First, Middle Initial) B. Jen Voss		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 10 Hancock Ave		Amount of Each Disbursement this Period 2700.00
City Lexington	State MA Zip Code 02420	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SVM6

Full Name (Last, First, Middle Initial) C. Jen Voss		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 10 Hancock Ave		Amount of Each Disbursement this Period 2700.00
City Lexington	State MA Zip Code 02420	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SVQ9

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Robert Waldron		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6716 Point Dr		Amount of Each Disbursement this Period 2700.00
City Edina	State MN Zip Code 55435-1629	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SWW2

Full Name (Last, First, Middle Initial) B. Robert Waldron		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6716 Point Dr		Amount of Each Disbursement this Period 2700.00
City Edina	State MN Zip Code 55435-1629	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1SX03

Full Name (Last, First, Middle Initial) C. Mark Walker		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 145 Central Park West		Amount of Each Disbursement this Period 250.00
City New York	State NY Zip Code 10023	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEETA1T3M4

SUBTOTAL of Disbursements This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. William Walker		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 3601 Newark St NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20016-3179	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T5T5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. H. William Walter		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 5229 Morgan Ave S		Amount of Each Disbursement this Period 2000.00
City Minneapolis	State MN	
Zip Code 55419-1026	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Connie Wanberg		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 7684 157th St W		Amount of Each Disbursement this Period 250.00
City Apple Valley	State MN	
Zip Code 55124-7093	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T2W5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Brennan Warble		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 42 Prescott Ave		Amount of Each Disbursement this Period 1000.00
City Bronxville	State NY	
Zip Code 10708-1734	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T6F1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ross Warner		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 15 W 72nd St Apt 36G		Amount of Each Disbursement this Period 1000.00
City New York	State NY	
Zip Code 10023-3464	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T763
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Michael J. Warren		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3215 35th St NW Ste 300		Amount of Each Disbursement this Period 2700.00
City Washington	State DC	
Zip Code 20016-3139	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SWK1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Michael J. Warren		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3215 35th St NW Ste 300		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20016-3139	Purpose of Disbursement Refund	Transaction ID : VPEETA1SWR0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Donald A. Washburn		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2101 Rosecrans Ave Ste 4275		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City El Segundo	State CA	
Zip Code 90245-4742	Purpose of Disbursement Refund	Transaction ID : VPEETA1T8K6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Leona Werner Waldron		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 6716 Point Dr		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Edina	State MN	
Zip Code 55435-1629	Purpose of Disbursement Refund	Transaction ID : VPEETA1T567
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Peter Wexler		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address PO Box 1297		Amount of Each Disbursement this Period 50.00
City Sagaponack	State NY	
Zip Code 11962-1297	Purpose of Disbursement refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1STZ2
State: District:		

Full Name (Last, First, Middle Initial) B. Peter Wexler		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address PO Box 1297		Amount of Each Disbursement this Period 2700.00
City Sagaponack	State NY	
Zip Code 11962-1297	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SV67
State: District:		

Full Name (Last, First, Middle Initial) c. Michael D. White		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4 New Canaan Way		Amount of Each Disbursement this Period 2700.00
City Norwalk	State CT	
Zip Code 06850-1443	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1SWF9
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Michael D. White			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 4 New Canaan Way			Amount of Each Disbursement this Period 2700.00	
City Norwalk	State CT	Zip Code 06850-1443	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SWJ3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. George Williams			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 227 Chestnut Cir			Amount of Each Disbursement this Period 500.00	
City Bloomfield Hills	State MI	Zip Code 48304-2105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1T4W8	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) c. Gary Wilson			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 31528 Victoria Point Rd			Amount of Each Disbursement this Period 2700.00	
City Malibu	State CA	Zip Code 90265-2638	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEETA1SVY5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Gary Wilson		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 31528 Victoria Point Rd		Amount of Each Disbursement this Period 2700.00
City Malibu	State CA	
Zip Code 90265-2638	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1SW26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jeffrienne Young MD		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 635 Foster Dr		Amount of Each Disbursement this Period 1100.00
City Des Moines	State IA	
Zip Code 50312	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA17N1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tracy Yue		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 403 Minnehaha Ave E		Amount of Each Disbursement this Period 250.00
City Saint Paul	State MN	
Zip Code 55130-4208	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEETA1T3W7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 138	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Mike Zechmeister		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4720 Narcissus Ln N		Amount of Each Disbursement this Period 1000.00
City Plymouth	State MN	
Zip Code 55446-2963	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T713
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Strauss Zelnick		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 19 W 44th Street Floor 18		Amount of Each Disbursement this Period 1000.00
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEETA1T7A4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	375630.00

**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 134 OF 138	
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 401 C St NE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002-5817	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TA02
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 655 Beach St		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94109-1342	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEETA1TA10
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	5500.00

**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 135 OF 138			
	<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)
Mary Lawrence for Congress

Full Name (Last, First, Middle Initial) A. ANGIE CRAIG FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address PO Box 22116		Amount of Each Disbursement this Period 12700.00 <input type="checkbox"/> Memo Item
City Eagan	State MN	
Zip Code 55122-0116	Purpose of Disbursement Contribution	Transaction ID : VPEETA1TB2E
Candidate Name ANGELA DAWN CRAIG	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. ANGIE CRAIG FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address PO Box 22116		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Memo Item
City Eagan	State MN	
Zip Code 55122-0116	Purpose of Disbursement Contribution	Transaction ID : VPEETA1TBFO
Candidate Name ANGELA DAWN CRAIG	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Memo Item
City Saint Paul	State MN	
Zip Code 55107-1623	Purpose of Disbursement Contribution to Party	Transaction ID : VPEETA1TB43
Candidate Name MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12700.00
TOTAL This Period (last page this line number only).....	12700.00

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFE2CPT7X1L

Mary Lawrence for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

Mary Lawrence

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
15945 Hampshire Ct

City State ZIP Code
Prior Lake MN 55372

Original Amount of Loan 300000.00	Cumulative Payment To Date 250000.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred: M 03 / D 31 / Y 2015
Date Due: M / D / Y None
Interest Rate: None % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFE2EA9G09L

Mary Lawrence for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Mary Lawrence

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
15945 Hampshire Ct

City State ZIP Code
Prior Lake MN 55372

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500000.00 0.00 500000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y None % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 500000.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFE2FQZH26L

Mary Lawrence for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

Mary Lawrence

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
15945 Hampshire Ct

City State ZIP Code
Prior Lake MN 55372

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
370000.00 0.00 370000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 30 / 2015 M M / D D / Y Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 370000.00
TOTALS This Period (last page in this line only)..... ▶ 920000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.