

**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 204 OF 204	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Peters for Michigan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 600 Pennsylvania Ave SE Ste 210		Amount of Each Disbursement this Period 1700.00 <b>Transaction ID : VN7AV9M7S12</b>
City Washington State DC Zip Code 20003-4344	Purpose of Disbursement Contribution Category/Type	
Candidate Name <b>Gary Petters</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 00		

Full Name (Last, First, Middle Initial) <b>B. ProgressiveCongress</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : VN7AV9KX7A7</b>
City Washington State DC Zip Code 20003-4316	Purpose of Disbursement Donation Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3700.00
<b>TOTAL</b> This Period (last page this line number only).....	57700.00