

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

The Mesabi Fund

ADDRESS (number and street)

P.O. Box 77693

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00437129

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)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  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2009

through

03

31

2009

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

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

04

17

2009

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The Mesabi Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		32470.09
(b) Cash on Hand at Beginning of Reporting Period .....	40318.23	
(c) Total Receipts (from Line 19) .....	47000.00	78500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87318.23	110970.09
7. Total Disbursements (from Line 31) .....	13749.30	37401.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73568.93	73568.93
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
The Mesabi Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1500.00	3500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	1500.00	3500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	45500.00	75000.00
(c) Other Political Committees (such as PACs) .....	47000.00	78500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47000.00	78500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47000.00	78500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13749.30	37401.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13749.30	37401.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13749.30	37401.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13749.30	37401.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	47000.00	78500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47000.00	78500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13749.30	37401.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13749.30	37401.16

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

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)  
Transportation Trades Department AFL-CIO PAC

Mailing Address 888 16th Street NW  
Suite 650

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030310

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Seafarers Political Activity Donation

Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746

FEC ID number of contributing  
federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030315

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Marine Engineers Beneficial Association - Retirees' Group Fund

Mailing Address 444 North Capitol Street NW  
Suite 800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00003863

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030316

Amount of Each Receipt this Period

2000.00

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

8000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)

Moving Phoenix Forward PAC

Mailing Address 2800 N. Central Ave.  
Suite 1000

City State Zip Code  
Phoenix AZ 85004

FEC ID number of contributing  
federal political committee.

**C** C00442459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030317

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Transport Workers Union Political Contributions Committee

Mailing Address 1700 Broadway  
2nd Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing  
federal political committee.

**C** C00008268

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030318

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

International Longshoremen's Assn. Comm. on Political Education

Mailing Address 17 Battery Place  
Suite 930

City State Zip Code  
New York NY 10004

FEC ID number of contributing  
federal political committee.

**C** C00158576

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030319

Amount of Each Receipt this Period

2500.00

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

10000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)  
Master, Mates & Pilots Political Contribution Fund

Mailing Address 700 Maritime BLVD.

City State Zip Code  
 Linthicum MD 21090

FEC ID number of contributing  
federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

Transaction ID: 5030321

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
BROTHERHOOD OF RAILROAD SIGNALMEN POLITICAL ACTION COMMITTEE

Mailing Address 917 Shenandoah Shores Road

City State Zip Code  
 Front Royal VA 22630

FEC ID number of contributing  
federal political committee. **C** C00011262

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 5076381

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Amalgamated Transit Union-COPE

Mailing Address 5025 Wisconsin Ave, NW

City State Zip Code  
 Washington DC 20016

FEC ID number of contributing  
federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 1 / 2 0 0 9

Transaction ID: 5076382

Amount of Each Receipt this Period

2500.00

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

8000.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)

United Transportation Union PAC

Mailing Address 14600 Detroit Avenue

City

Cleveland

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

**C** C00001636

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 5080225

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

American Road & Transportation Builders Assoc PAC

Mailing Address 1219 28th Street NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

**C** C00118208

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 5080226

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Institute of Makers of Explosives PAC

Mailing Address 1120 19th St NW  
Suite 310

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00135590

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 5081222

Amount of Each Receipt this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)

American Maritime Officers Voluntary Political Action Fund

Mailing Address 2 W. Dixie Highway

City

State

Zip Code

Dania Beach

FL

33004

FEC ID number of contributing  
federal political committee.

**C** C00027532

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 5081225

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Raytheon Political Action Committee

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City

State

Zip Code

Arlington

VA

22209

FEC ID number of contributing  
federal political committee.

**C** C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 5081227

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Air Line Pilots Assoc. Int'l PAC

Mailing Address 1625 Massachusetts Ave. NW  
8th Floor

City

State

Zip Code

Washington

DC

20036

FEC ID number of contributing  
federal political committee.

**C** C00035451

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 5081228

Amount of Each Receipt this Period

5000.00

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

8500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)

Communication Workers of America-COPE Political Contributions Committee

Mailing Address 501 Third Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00002089

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 5090642

Amount of Each Receipt this Period

2500.00

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

2500.00

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

45500.00

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

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

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)

Denny Miller

Mailing Address 400 N Capitol St  
Suite 363

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Denny Miller Associates

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 5076383

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy Lovain

Mailing Address 400 N Capitol ST NW  
Suite 363

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Denny Miller Associates

Occupation  
VP/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 5076384

Amount of Each Receipt this Period

500.00

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

1500.00

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

1500.00

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

PAGE 13 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund**A.**Full Name (Last, First, Middle Initial)  
Francesca CoxMailing Address The Wakem Group  
1532 Brookhaven Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement  
February 2009 Mesabi Fund Consulting/Fundraising

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5005258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

3850.00

February 2009 Mesabi Fund  
Consulting/Fundraising**B.**Full Name (Last, First, Middle Initial)  
LNE GroupMailing Address 1220 Huron Road  
2nd Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
Townhouse Rental for Mesabi Fund Reception

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5075896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

250.00

Townhouse Rental for MESA-  
bi Fund Reception**C.**Full Name (Last, First, Middle Initial)  
LNE GroupMailing Address 1220 Huron Road  
2nd Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
Payment for PAC Event Expenses (Printing, Postage & Staff Time)

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5080208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

718.00

Payment for PAC Event Exp-  
enses (Printing, Postage &  
Staff Time)

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

4818.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Business Card Mailing Address P.O. Box 15710	<b>Transaction ID:</b> 5081190 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Wilmington State DE Zip Code 19886 Purpose of Disbursement Credit Card Payment ( See Memo Entries) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5032.06</div> <b>Credit Card Payment ( See Memo Entries)</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Homestead Technologies Mailing Address 3375 Edison Way City Menlo Park State CA Zip Code 94025 Purpose of Disbursement Mesabi Fund Website Maintenance Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5081191 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.99</div> <b>[MEMO ITEM]</b> Mesabi Fund Website Maintenance Fee
<b>C.</b> Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4333 Amon Carter Boulevard City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Airfare Expense for Mesabi Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5081192 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2503.66</div> <b>[MEMO ITEM]</b> Airfare Expense for Mesabi Fundraiser

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

5032.06

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Airfare Expense for Mesabi Fundraiser  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5081193

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1639.20

**[MEMO ITEM]**

Airfare Expense for Mesabi Fundraiser

**B.**

Full Name (Last, First, Middle Initial)  
Carlson Waglit Travel

Mailing Address 701 Carlson Parkway

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement  
Air Travel Service Fee  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5081199

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

64.00

**[MEMO ITEM]**

Air Travel Service Fee

**C.**

Full Name (Last, First, Middle Initial)  
California Tortilla

Mailing Address North Terminal C  
Reagan National Airport

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Mesabi Fund Travel Expense - Meals  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5081202

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

6.95

**[MEMO ITEM]**

Mesabi Fund Travel Expense - Meals

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Hoggs Pit BBQ	<b>Transaction ID:</b> 5081203 <b>Date of Disbursement</b>
Mailing Address 3400 E Sky Harbor Blvd Terminal 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
Purpose of Disbursement Mesabi Fund Travel Expense - Meals Candidate Name	<div> <div>1.94</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>001</div> <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Mesabi Fund Travel Expense - Meals
<b>B.</b> Full Name (Last, First, Middle Initial) FontainBleau Resort	<b>Transaction ID:</b> 5081205 <b>Date of Disbursement</b>
Mailing Address 4441 Collins Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period
Purpose of Disbursement Mesabi Fund - Hotel Expense Candidate Name	<div> <div>535.50</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>001</div> <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Mesabi Fund - Hotel Expense
<b>C.</b> Full Name (Last, First, Middle Initial) United Transportation Inc.	<b>Transaction ID:</b> 5081206 <b>Date of Disbursement</b>
Mailing Address 1010 Rockville Pike Suite #208	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Rockville State MD Zip Code 20852	Amount of Each Disbursement this Period
Purpose of Disbursement Mesabi Fund Travel Expense Candidate Name	<div> <div>181.76</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>001</div> <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Mesabi Fund Travel Expense

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund

**A.** Full Name (Last, First, Middle Initial)  
America Airlines Admiral's Club (MIA)

Mailing Address Concourse D  
PO Box 997990

City Miami State FL Zip Code 33299

Purpose of Disbursement  
Mesabi Fund Travel Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5081208

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

24.33

**[MEMO ITEM]**

Mesabi Fund Travel Expense

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

Mailing Address 11 Hillwood Avenue

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Mesabi Fund Travel Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5081209

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

37.45

**[MEMO ITEM]**

Mesabi Fund Travel Expense

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

Mailing Address Thomas Ave & Abingdon Rd  
Ronald Reagan Airport

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Mesabi Fund Travel Expense - Meals

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5081211

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

12.28

**[MEMO ITEM]**

Mesabi Fund Travel Expense  
- Meals

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

0.00

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

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

PAGE 18 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)

Francesca Cox

Mailing Address The Wakem Group  
1532 Brookhaven Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement  
March 2009 Mesabi Fundraising/Consulting

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5089393

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Amount of Each Disbursement this Period

3850.00

March 2009 Mesabi Fundrai-  
sing/Consulting**B.**

Full Name (Last, First, Middle Initial)

Francesca Cox

Mailing Address The Wakem Group  
1532 Brookhaven Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Refund of Fundraising/Travel Expenses

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5089394

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Amount of Each Disbursement this Period

49.24

Refund of Fundraising/Tra-  
vel Expenses

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

3899.24

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

13749.30