2021:02:26:05:00372101

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

7071 FFR 250ffice.Use Only

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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	(number and street)		1312 5		ALI9 Auri	1 1 1 1				
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2. FEC ID	DENTIFICATION	NUMBER V	_	CITY A		, S	STATE A	Z	IP CODE	
Co	0.1.1.4.3	3.1.4		3. IS THIS REPORT		NEW N) OR	П (A)	MENDED		
(Choose	OF REPORT One) arterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elec Year Only) (MY) Termination Report (TER)	(Q1) (c) (Q2) (Q3) (YE) tion (d)	12-Day PRE-Electio Report for the state of t	he:		(12C) /	Sep	12S) 30R)	I I I I I I I I I I I I I I I I I I I	lov 20 (M11) lon-Election ear Only) ec 20 (M12) lon-Election lon-Elect
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Signature of	Treasurer	Jame	95	Asti) ,	Da	ate O.	o e	y a	021
	nission of false, erro	oneous, or inc	complete infor	mation may s	ubject the pers	son signing thi	s Report to th			-
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2021 - 02 - 26 - 05 - 00572102

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	NA LC	PAL 9	
R	eport Covering the Period: From:	1 01 A020	To: 1,2 3,1 2,0,20
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020	,	708.4.2.04
	(b) Cash on Hand at Beginning of Reporting Period	1,0,9,0,9,0,4	
	(c) Total Receipts (from Line 19)	2 2175.00	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1, 1, 1, 1, 0, 8, 3, 0, 4	1, 1, 4, 6, 2.5, 0.4
7.	Total Disbursements (from Line 31)	2,6,0,0,0,0	1.0,1.4.4.0.0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,493,04	0. 4.8.3.0.4
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	42)	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7	
	This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	,
		For further information contact:	
		Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

of Receipts

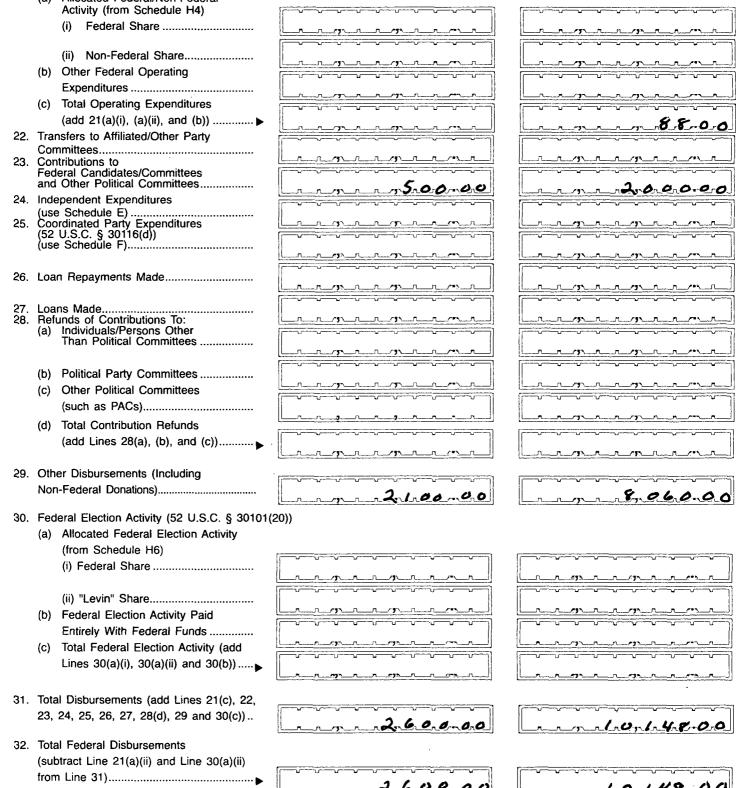
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2021-02-26-05-00572105

Write or Type Committee Name overing the Period: From: To: **COLUMN B COLUMN A** I. Receipts **Total This Period** Calendar Year-to-Date outions (other than loans) From: dividuals/Persons Other nan Political Committees Itemized (use Schedule A)..... Uniternized i) TOTAL (add Lines 11(a)(i) and (ii).....▶ olitical Party Committees ther Political Committees uch as PACs)..... otal Contributions (add Lines (a)(iii), (b), and (c)) (Carry otals to Line 33, page 5) ers From Affiliated/Other Committees...... ans Received..... Repayments Received..... To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5)..... ds of Contributions Made eral Candidates and Other al Committees..... Federal Receipts ends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... Independent Expenditures Loans Made..... Refunds of Contributions To: Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... Total Contribution Refunds (add Lines 28(a), (b), and (c))...... Non-Federal Donations)..... (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** III. Net Contributions/ **COLUMN B Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

В.

C.

City

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) Hortman

BROOKLYN

General

FEC ID number of contributing

federal political committee.

Other (specify) w

Full Name (Last, First, Middle Initial)

Name of Employer

Primary

Mailing Address

Receipt For:

Mailing Address

City

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 116 11c 12 Detailed Summary Page 13 14 **X** 16 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 Date of Receipt Terrace 2020 Zip Code Amount of Each Receipt this Period 500,00 Occupation Aggregate Year-to-Date ▼ Date of Receipt Zip Code Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Mam / Pag / Arazaa
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

State

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

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

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SCHEDULE B (FEC Form 3X)		2005 4 05 3
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check	INE NUMBER: PAGE F OF 2
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		28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)		
NALE	PALG	•
Full Name (Last, First, Middle Initial)		Date of Disbursement
Tina Smith for	Minnesota	Mam / Dab / Yayay
Mailing Address	362	04 11 20.20
City St. Paul	State Zip Code Ma 55/14	FEC Identification Number
Purpose of Disbursement		7 C/25.45.80
Candidate Name	Category	Amount of Each Disbursement this Period
Office Sought: House Disbursen	Type	
	Primary General	
	Other (specify) ▼	Memo Item
State: // \(\) District: Full Name (Last, First, Middle Initial)	·····	
D		Date of Disbursement
Peterson for Co Mailing Address	ingress	
PO B'ox 265		04 11 2020
City Datas + Lakes	State . Zip Code	FEC Identification Number
Mailing Address PO B'ox 265 City Detroit Lakes Purpose of Disbursement Con tribution	7 000253187	
		Amount of Each Dichursement this Period
Collin Peter	San Category. Type	Amount of Each Disbursement this Period
	nent For: Primary General	
President	Other (specify)	Memo Item
State: Mn District: 7 4		LI WOME ROM
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
lawnia for Con	gress	المصمكا القنقا المتمميما
Mailing Address '\ PO Box 244		0.4 7.3 2020
City Facest Lake	tate Zip Code Mn 55028	FEC Identification Number
Purpose of Disbursement		7 (00721001
Candidate Name		
Tawasa Zahra	dka. Category	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent_For:	5.00.00
	Primary ☐ General Other (specify) ▼	
State: MN District: 6 4		Memo Item
SUBTOTAL of Disbursements This Page (optional)		43 43 / 1.5 On 0 0

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

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·	SCHEDULE B (FEC Form 3X) Use separate schedule(s) (check or		
ITEMIZED DISBURSEMENTS	for each category of the	(check only or 21b] 22
	Detailed Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			:
Full Name (Last, First, Middle Initial) A. Peterson for Mailing Address			Date of Disbursement
PO BOX 26	5		
Detroit Lakes	State Zip Code 5650	2	FEC Identification Number
Condidate Name	1		C 0,0,2,5,2,1,8,7
Candidate Name Collin Peter	'Son	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursel	ment For: Primary General		<u>, , , , , 5, 0, e., 0, 0</u>
State: President District: 756	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)	*****		· ·
В.	•		Date of Disbursement
Mailing Address			M M / 6 T O / Y T Y T Y T Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ment For:	7,	4 (9) A (1) A (1)
Senate President	Primary General Other (specify)		
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M M / 6 6 / 7 7 7 7 7
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	.,,,,,	
Senate	Primary General		
State: President State:	Other (specify) ▼	[Memo Item
	· · · · · · · · · · · · · · · · · · ·		

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

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

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE / OF B	
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		Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b	
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or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)				,	
NALC		PAL 9	•		
Full Name (Last, First, Middle Initial)				Date of Disbursement	
Ronald Lawre	168			Date of Disbursement	
Mailing Address 11581 LLex St		NW		03 04 2080	
	State	Zip Code 55 448		FEC Identification Number	
Purpose of Disbursement	MN	35444			
Pelmburement	for t	ickets [•	C	
Candidate Name	•		Category/	Amount of Each Disbursement this Period	
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Office Sought: House Disburse Senate	ment For: Primary	General		4)2	
President	Other (spec	\Box	i	Memo Item	
State: District:	<u>\</u>			Wellio Itelli	
Full Name (Last, First, Middle Initial)				Data of Dishumannant	
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Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement		\		C	
Condidate None		L			
Candidate Name		<u> </u>	Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For:		1,500		
Senate	Primary	General	1		
State: District:	Other (spec	ify)		Memo Item	
Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·			
c.				Date of Disbursement	
				Waw \ Dap \ Aakakaki	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		C	
Candidate Name		1	Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For:		1,790		
Senate	Primary	General			
State: District:	Other (spec	ify) ▼		Memo Item	
Giaic. District.					
SUBTOTAL of Disbursements This Page (optional).		·····	·····• <u></u>	493 493 493	
TOTAL This Period (last page this line number only	·)				

SCHEDULE B (FEC FUIII 3X)	Llas samarata ashartula(s)	FOR LINE NUMBER:	PAGE 🧸 OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)				
	Detailed Summary Page	21b 22 23 28a 28b 28c	26 27 29 30b			
Any information copied from such Reports and Statem		by any person for the purpose of	soliciting contributions			
or for commercial purposes, other than using the name	e and address of any political	committee to solicit contributions	from such committee.			
NAME OF COMMITTEE (In Full)						
V NALC	\mathcal{L}	7				
Full Name (Last, First, Middle Initial)		5				
A. Hoffman Joh	. ^	Date of Disbursen				
Mailing Address 8224 / 109 th PL	N,	oj a	2020			
	itate Zip Code	FEC Identification	Number			
	Mn 55316	7 20 Identification	Trumber			
Purpose of Disbursement Oonation						
Condidata Nama		Category/ Amount of Each D	isbursement this Period			
Sohn Hoffma Office Sought: House Disburser	n	Type	6000			
	Primary General	<u> </u>	,500.00			
President	Other (specify) ▼	Memo Item				
State: District: 36			:			
Full Name (Last, First, Middle Initial) B.		Date of Disbursen	nent			
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Mailing Address	1 54 1111	01 2	2020			
Mailing Address 12095 City Cun Purpose of Disbursement	State Zip Code	FEO.11. 27	Alcomb an			
Coun Rapid	Mn 55448	FEC Identification	Number			
Purpose of Disbursement Donation						
Candidate Name		Category/ Amount of Each D	hisbursement this Period			
Jerry Newton		Type 74mount of Eden 5	-			
Office Sought: House Disburserr	nent For: Primary General	السند	<u>.,5,0,0,0</u>			
President	Other (specify)	Memo Item				
State: MN District: 37		LI Werno item				
Full Name (Last, First, Middle Initial) C.		Date of Disbursen	nent .			
Walz / Flanagan	Committee	Date of Disbursen				
Mailing Address	337	01 2	2020			
City	tate Zip Code	FEC Identification	Number			
Purpose of Disbursement	Ma 55104 .					
Fund Raiser			الصيمية			
Candidate Name			isbursement this Period			
7/m Waltz Office Sought: House Disburser	ent For:	Туре	50000			
	Primary General	<u> </u>	7.7.7.7.7			
State: Mr District:	Other (specify) ▼	Memo Item	· ·			
SURTOTAL of Dishursements This Page (antional)	SUBTOTAL of Disbursements This Page (optional)					
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SCHEDUL	ΕB	(FEC	Form	3X)
ITEMIZED	DISE	BURSE	MENT	S

SCHEDULE B (FEC FUIN 3A)	11	FOR LINE NUMBER:	PAGE R OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	23 26 27
	Detailed Summary Page	28a 28b	28c X 29 30b
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	ne and address of any political	committee to solicit contrib	utions from such committee.
NALC	PAL9		
Full Name (Last, First, Middle Initial) A.		Date of Dis	bursement
Applied Address		[[]	10 2020
Mailing Address 15931 Xenon City Purpose of Disbursement	St NW		<u> </u>
Ramsey	Mn SS3 o J	FEC Identif	ication Number
FUND KAISE	·^ [
Candidate Name Destrict 6		Category/ Amount of Type	Each Disbursement this Period
Office Sought: House Disbursen	nent For: Primary General		5.00.00
President State: District: 8	Other (specify) ▼	Memo	ltem
Full Name (Last, First, Middle Initial)			
B. Teamster Joint	Council 32	Date of Dis	bursement
Mailing Address	SE Suita	510	04 2020
Mailing Address 3001 University City Purpose of Disbursement	State Zip Code	FEC Identif	ication Number
Purpose of Disbursement	, , , r	C .	
Candidate Name		Category/ Amount of	Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	, 1,1,0,00
President	Primary General Other (specify)		,
State: District:	Circle (aposity)	Memo	Item ————————————————————————————————————
Full Name (Last, First, Middle Initial) C.	061	Date of Dis	bursement
Minnesota State Mailing Address	DFL		2020
255 PLato	State Zip Code	,	
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TOTAL This Period (last page this line number only)			,,

SCHEDUL	ΕВ	(FEC	Form	3X)
ITEMIZED	DISB	URSE	MENT	S

ITEMIZED DISBURSEMENTS		FOR LINE NUMBER: PAGE OF S (check only one) 21b
or for commercial purposes, other than using the nan		y any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NA L	c P	AL9
Full Name (Last, First, Middle Initial) A. Hortman Camp Mailing Address 87/0 Wind City Brock Lyn Park Purpose of Disbursement	baign Commit	Date of Disbursement Description Descripti
Donation	State	FEC IdentiAcation Number
Candidate Name Me Ssa House Senate President State: Ma District: 368	nent For: Primary General Other (specify) ▼	Amount of Each Disbursement this Period [
Full Name (Last, First, Middle Initial) B. Susan Kent for Mailing Address 1056 Autumm City Wood bury	or Senate Bay	Date of Disbursement
Candidate Name Sasan OfAce Sought: House Senate President State: MN District: 53	Ca	Amount of Each Disbursement this Period Type Memo Item
C. ERIN Murphey for Mailing Address PO Boy 4656		Date of Disbursement
Purpose of Disbursement Donation	Zip Code	FEC IdentiAcation Number
Candidate Name Erin Mur Da OfAce Sought: House Disburser Senate President State: Mn District: 64	ney	Amount of Each Disbursement this Period Type Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		

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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) 21b 22 23 28a 28b 28c	PAGE OF 6
Any information conied from such Reports and State	tements may not be sold or user	hy any person for the purpose of so	diciting contributions

•	Detailed Summary Page		ш	21b 🗌	22		23	26	27
				28a	28b		28c	\mathbf{X}^{29}	30b
Any information copied from such Reports and S									
or for commercial purposes, other than using the	name and address of any politic	cal con	nmitte	e to sol	icit cor	ntrib	utions	from suc	h committee.
NAME OF COMMITTEE (In Full)									
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Full Name (Last, First, Middle Initial)									
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City	State Zip Code			F	EC Ide	entii	fication	Number	
Purpose of Disbursement	mn 5652			F		-		erine desp	Santra
Contribution		-	- ~-	7 1	<u> </u>				السين
Candidate Name	n	1	a. 45-w	1					
AL an Roy			egory ype	' _	rmount	of	⊨ach l	Disburser	nent this Period
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★ Senate	Primary & General			1	-		دولمسل ا		0,0,0
President	Other (specify) ▼			t.	٠, إ		la		
State: Mn District: 2	٠.٠٠			L	. Ivie	ıπιΟ	Item		
Full Name (Last, First, Middle Initial)									
3.	-			[Date of	Dis	sburser	ment	
Minnesota	DFL			2	MYM	7/	D	ما ، ا <u>لمو</u>	المحدهده بصحيحه
					08	;	[2]	ا او	1020
City St Paul	OLVA			`					
City St Paul	State Zip Code			F	EC Id	enti	fication	Number	
		, 		F	_ (ستسمت	-	
Women Leaders	Lip			7 [<u>د</u> م	an alm		الحصم
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Office Sought: House Disb	ursement For:		<u> </u>		_ '		. •	5	00.00
Senate	Primary General			6	ا نجودية ديد	L-	7 Sember	ک' اکستاس	The second
President	Other (specify)			Y	Ma	mo	item		
State: Mn District:					IVIE		iteili		
Full Name (Last, First, Middle Initial)									
C. 4/	.			(Date of	Dis	sburser	ment	
Neighbors for	Jamie Long				M W	7	6	D / TY	**************************************
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City	State Zip Code			- .				Norte	
MINNEAPOLES	MN 55419				EU Id	enti	iication	Number	
Purpose of Disbursement		for all			Cl "	_ ~	_ •	. *	
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° (Z)	ursement For:					المحدث	1 hoch	ك دوست	0.0.00
Senate President	Primary General				* 3				
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City	state Zip Code	FEC Identifica	tion Number
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Purpose of Disbursement Humphrey/mondale	Dinner		
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Mailing Address For An	" Jonason Ste	09	25 2020
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Purpose of Disbursement	Mn 55446		
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Candidate Name Ann Johnson Steward	C		ch Disbursement this Period
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Mailing Address		1.0	0.7 20.20
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SCHEDULE B (FEC Form 3X) **PAGE** OF FOR LINE NUMBER: Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 26 27 **Detailed Summary Page** 28a 28b 28c 29 30b 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) Full Name (Last, First, Middle Initial) DFL House Caucus Date of Disbursement Zip Code City **FEC Identification Number** 55107 Contribution Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: Mn District: Full Name (Last, First, Middle Initial) В. Date of Disbursement Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement this Period Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) C Date of Disbursement Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement this Period Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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