

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

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different than previously reported. (ACC)

MANKATO

MN

56001

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00550707

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MN

01

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04 / 01 / 2017

through

M M / D D / Y Y Y Y

06 / 30 / 2017

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

HITZEMANN, DOUGLAS R, , ,

Type or Print Name of Treasurer

Signature of Treasurer

HITZEMANN, DOUGLAS R, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
FRIENDS OF HAGEDORN

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))....	78604.00	301895.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	78604.00	301895.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	59382.68	86849.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	241.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	59382.68	86607.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	193882.37	
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).....	11833.41	

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 05/2016)

Write or Type Committee Name

FRIENDS OF HAGEDORN

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).....	67750.00	269550.00
(ii) Unitemized	5879.00	13370.00
(iii) TOTAL of contributions from individuals	73629.00	282920.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4975.00	18975.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	78604.00	301895.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1059.75
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1059.75
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	241.91
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	78604.00	303196.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59382.68	86849.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10500.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	11924.22	24016.72
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	81306.90	121365.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	196585.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78604.00
25. SUBTOTAL (add Line 23 and Line 24).....	275189.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81306.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	193882.37

**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 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
AKKERMAN, MAYNARD, , ,

Mailing Address 27628 STATE HWY 56

City BROWNSDALE	State MN	Zip Code 55918
--------------------	-------------	-------------------

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

Name of Employer AKKERMAN, INC.	Occupation MANUFACTURING
------------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2017

Transaction ID : SA11AI.9238

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALBRECHT, ARLIN, , ,

Mailing Address 30567 LAKEVIEW AVE

City RED WING	State MN	Zip Code 55066
------------------	-------------	-------------------

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

Name of Employer NA	Occupation RETIRED
------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2017

Transaction ID : SA11AI.8826

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ALBRECHT, MARILYN, , ,

Mailing Address 30567 LAKEVIEW AVE

City RED WING	State MN	Zip Code 55066
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2017

Transaction ID : SA11AI.8828

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 6 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
ALEXANDER, PATRICK, , ,
 Mailing Address 16540 GRAYS BAY BLVD
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLDSPRING Occupation CEO
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2017
Transaction ID : SA11AI.9222
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BARRY, JANE, , ,
 Mailing Address 2960 GALE ROAD
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2017
Transaction ID : SA11AI.9132
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
BUTTRY, MICHAEL, , ,
 Mailing Address 6832 OAKLAWN AVE
 City EDINA State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAPELLA EDUCATION CO Occupation VICE PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.9213
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

1500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
CARPENTER, ELSA, , ,
 Mailing Address 18735 11TH AVE N
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. C
 Name of Employer NA Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.9218
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
DAVIS, BRIAN, , ,
 Mailing Address 2734 FOXWOODS LN SW
 City ROCHESTER State MN Zip Code 55902
 FEC ID number of contributing federal political committee. C
 Name of Employer MAYO CLINIC Occupation PHYSICIAN
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.9244
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
DAVIS, MARK, , ,
 Mailing Address PO BOX 558
 City ST PETER State MN Zip Code 56082
 FEC ID number of contributing federal political committee. C
 Name of Employer DAVIS FAMILY HOLDINGS Occupation CHEESEMAKER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2017
Transaction ID : SA11AI.8712
 Amount of Each Receipt this Period
 2700.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 8 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
DAVIS, MARY, , ,

Mailing Address PO BOX 558

City ST PETER State MN Zip Code 56082

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

Name of Employer NA Occupation HOMEMAKER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2017

Transaction ID : SA11AI.8713

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DAVIS, M MITCHELL, , ,

Mailing Address 37041 US HWY 169

City ST PETER State MN Zip Code 56082

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

Name of Employer DAVIS FAMILY HOLDINGS Occupation MANAGING PARTNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2017

Transaction ID : SA11AI.8757

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DAVIS, M MITCHELL, , ,

Mailing Address 37041 US HWY 169

City ST PETER State MN Zip Code 56082

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

Name of Employer DAVIS FAMILY HOLDINGS Occupation MANAGING PARTNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2017

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
EGGERS, HENRY, , ,

Mailing Address 245 E 44TH ST
APT 30A

City NEW YORK State NY Zip Code 10017

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

Name of Employer EVERCORE Occupation ASSOCIATE

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9215

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FITZSIMMONS, DAVID, , ,

Mailing Address 11032 GUILDNER AVE NW

City MAPLE LAKE State MN Zip Code 55358

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

Name of Employer FEDERAL GOVERNMENT Occupation CHIEF OF STAFF

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : SA11AI.9247

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GREINER, JEFFREY, , ,

Mailing Address 4760 LODGE LN

City EXCELSIOR State MN Zip Code 55331

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

Name of Employer NORTHERN PACIFIC GROUP Occupation MANAGING PARTNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : SA11AI.9283

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
GRIFFIN, KELLY, , ,

Mailing Address 168 HARDMAN AVE SOUTH

City SOUTH ST PAUL	State MN	Zip Code 55075
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FEC ID number of contributing federal political committee. **C**

Name of Employer CENTRICITY SALES	Occupation SALES
--------------------------------------	---------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : SA11AI.9232

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GUIDERA, WILLIAM, , ,

Mailing Address 2325 WILLOW HILL

City LONG LAKE	State MN	Zip Code 55356
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21ST CENTURY FOX	Occupation SR VICE PRESIDENT
--------------------------------------	---------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : SA11AI.9224

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HEAD, MARTHA, , ,

Mailing Address 1616 WEST 22ND ST

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation CHILD CARE
--------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9161

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1700.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
HEAD, MARTHA, , ,

Mailing Address 1616 WEST 22ND ST

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation CHILD CARE
--------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9256

Amount of Each Receipt this Period
800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HEITHOFF, KENNETH, , ,

Mailing Address 4911 FISHER ISLAND DR

City MIAMI BEACH	State FL	Zip Code 33109
---------------------	-------------	-------------------

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

Name of Employer CENTER FOR DIAGNOSTIC IMAGING	Occupation CHAIRMAN
---	------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HUBBARD, KAREN, , ,

Mailing Address 3415 UNIVERSITY AVE

City ST PAUL	State MN	Zip Code 55114
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation HOMEMAKER
------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6200.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
HUBBARD, KAREN, , ,

Mailing Address 3415 UNIVERSITY AVE

City ST PAUL	State MN	Zip Code 55114
-----------------	-------------	-------------------

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

Name of Employer NA	Occupation HOMEMAKER
------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : SA11AI.9128

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HUBBARD, STANLEY, , ,

Mailing Address 3415 UNIVERSITY AVE

City ST PAUL	State MN	Zip Code 55114
-----------------	-------------	-------------------

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

Name of Employer HUBBARD BROADCASTING	Occupation CEO
--	-------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : SA11AI.9123

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HUBBARD, STANLEY, , ,

Mailing Address 3415 UNIVERSITY AVE

City ST PAUL	State MN	Zip Code 55114
-----------------	-------------	-------------------

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

Name of Employer HUBBARD BROADCASTING	Occupation CEO
--	-------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : SA11AI.9125

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 13 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JOHNSON, ORVILLE, , ,
Mailing Address 1085 NENA CT

City: STILLWATER State: MN Zip Code: 55082

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

Name of Employer: NA Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2017

Transaction ID : SA11AI.9157

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JONES, DOUGLAS, , ,
Mailing Address PO BOX 26

City: NERSTRAND State: MN Zip Code: 55053

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

Name of Employer: NA Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2017

Transaction ID : SA11AI.9137

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KATZ, HEIDI, , ,
Mailing Address 13377 SUNNYSLOPE PL

City: MOORPARK State: CA Zip Code: 93021

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

Name of Employer: AMGEN Occupation: SR. EXECUTIVE ASSISTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : SA11AI.9272

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► 775.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
KINKEAD, JOHN, , ,
 Mailing Address 693 MONTCALM PL
 City ST PAUL State MN Zip Code 55116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TURFCO Occupation SALES ASSOCIATE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2017
Transaction ID : SA11AI.9060
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
KOCH, BARBARA, , ,
 Mailing Address 388 WAYCLIFFE DR N
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2017
Transaction ID : SA11AI.8968
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
KOSTUCH, KEITH, , ,
 Mailing Address 4511 LAKEVIEW DR
 City MINNEAPOLIS State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CONSULTANT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2017
Transaction ID : SA11AI.8723
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

**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 15 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
LARSON, CAROL, , ,

Mailing Address 2429 VIKING CT NW

City ROCHESTER	State MN	Zip Code 55901
-------------------	-------------	-------------------

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

Name of Employer NA	Occupation RETIRED
------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2017

Transaction ID : SA11AI.9134

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LARSON, JEFF, , ,

Mailing Address 7300 HUDSON BLVD

City OAKDALE	State MN	Zip Code 55128
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2017

Transaction ID : SA11AI.9234

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LARSON, JENNIFER, , ,

Mailing Address 847 TONKAWA RD

City ORONO	State MN	Zip Code 55356
---------------	-------------	-------------------

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

Name of Employer VIBRANT TECHNOLOGIES, INC	Occupation CEO
---	-------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2017

Transaction ID : SA11AI.9142

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

**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 16 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
LAZZARO, ANTON, , ,

Mailing Address **465 NICOLLET MALL**

City MINNEAPOLIS	State MN	Zip Code 55401
----------------------------	--------------------	--------------------------

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

Name of Employer WOLF PRIVATE TRADING LLC	Occupation CEO
---	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2017

Transaction ID : SA11AI.8819

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LINDAU, PHILLIP, , , Jr.

Mailing Address **2825 MEDICINE RIDGE RD**

City PLYMOUTH	State MN	Zip Code 55441
-------------------------	--------------------	--------------------------

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

Name of Employer COMMODITY SPECIALISTS CO	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2017

Transaction ID : SA11AI.9130

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LURTON, H. WILLIAM, , ,

Mailing Address **PO BOX 408**

City LONG LAKE	State MN	Zip Code 55356
--------------------------	--------------------	--------------------------

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

Name of Employer H. WILLIAM LURTON FOUNDATION	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : SA11AI.9236

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 17 OF 55
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
MARKS, BILL, , ,

Mailing Address 22922 N RIVERFRONT DR

City MANKATO State MN Zip Code 56001

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation FARMER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2017

Transaction ID : SA11AI.9241

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MATHEWS, GILBERT, , ,

Mailing Address PO BOX 911

City BURNSVILLE State MN Zip Code 55337

FEC ID number of contributing federal political committee. C

Name of Employer NA Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Transaction ID : SA11AI.8895

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MUGAN, PAUL, , ,

Mailing Address 1112 MADERA COURT

City SEASIDE State CA Zip Code 93955

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2017

Transaction ID : SA11AI.8726

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 55
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
MUGAN, PAUL, , ,

Mailing Address 1112 MADERA COURT

City SEASIDE State CA Zip Code 93955

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Transaction ID : SA11AI.8891

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MUGAN, PAUL, , ,

Mailing Address 1112 MADERA COURT

City SEASIDE State CA Zip Code 93955

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 17 / 2017

Transaction ID : SA11AI.9140

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NAAS, FRED, , ,

Mailing Address 63 PENNY LANE

City WINONA State MN Zip Code 55987

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

Name of Employer NA Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : SA11AI.8987

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

**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 19 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
NELSON, PETER, , ,

Mailing Address 6105 SHERIDAN AVE S

City MINNEAPOLIS	State MN	Zip Code 55410
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FEC ID number of contributing federal political committee. **C**

Name of Employer CENTER OF THE AMERICAN EXPERIM	Occupation PUBLIC POLICY
--	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2017

Transaction ID : SA11AI.9227

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NELSON, THOMAS, , ,

Mailing Address 6435 VIRGINIA DR

City EXCELSIOR	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer HUTCHINSON ORTHOPEDIC & REHAB	Occupation DOCTOR
---	----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2017

Transaction ID : SA11AI.8814

Amount of Each Receipt this Period
 _____ 225.00

Memo Item

C. Full Name (Last, First, Middle Initial)
O'CONNELL, HOWARD, , ,

Mailing Address 1649 QUESTWOOD DRIVE

City FALCON HEIGHTS	State MN	Zip Code 55113
------------------------	-------------	-------------------

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

Name of Employer NA	Occupation RETIRED
------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2017

Transaction ID : SA11AI.9022

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 975.00
TOTAL This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 20 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
O'SHAUGHNESSY, MICHAEL, , ,
 Mailing Address 5504 SCHAEFER ROAD
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer O'SHAUGHNESSY HOLDING CO Occupation OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2017
Transaction ID : SA11AI.8816
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
PAGE, GREGORY, , ,
 Mailing Address 512 HARRINGTON RD
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 4700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2017
Transaction ID : SA11AI.9119
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
PETERSON, GREGG, , ,
 Mailing Address 250 PEAVEY LANE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASCENT CAPITOL, INC. Occupation PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : SA11AI.9229
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶

4950.00

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

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

FOR LINE NUMBER: PAGE 21 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
PIERUCCINI, FRANK, , ,
 Mailing Address 871 FORESTVILLE MEADOWS DR
 City GREAT FALLS State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAPPAPORT MGMT Occupation ACCOUNTANT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2017
Transaction ID : SA11AI.8892
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
POGIN, RICHARD, , ,
 Mailing Address 14853 WILDS PKWY NW
 City PRIOR LAKE State ME Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVESTMENT MANAGEMENT, INC. Occupation CFO
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.9211
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
REMICK, JOHN, , ,
 Mailing Address 3232 FOX HOLLOW CT
 City ROCHESTER State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation BUSINESS OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2017
Transaction ID : SA11AI.9129
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

**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 22 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
ROOT, HOWARD, , ,

Mailing Address **25 FAIRHOPE AVE**

City EXCELSIOR	State MN	Zip Code 55331
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation RETIRED
-------------------------------	------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Transaction ID : SA11AI.8893

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SCHERER, BRON, , ,

Mailing Address **617 TURNBERRY CT**

City NORTHFIELD	State MN	Zip Code 56001
---------------------------	--------------------	--------------------------

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

Name of Employer SELF	Occupation CPA
---------------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9217

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SCHNEIDER, MAHLOW, , ,

Mailing Address **4117 PIKE POINT DR NE**

City LONGVILLE	State MN	Zip Code 56655
--------------------------	--------------------	--------------------------

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

Name of Employer NA	Occupation RETIRED
-------------------------------	------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : SA11AI.9225

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 4500.00

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

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

FOR LINE NUMBER: PAGE 23 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
SCHNELL, ROBERT, , ,
 Mailing Address 1130 OLD CRYSTAL BAY ROAD
 City ORONO State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTENSEN GROUP Occupation INSURANCE BROKER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.9159
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
SPEVACEK, CHARLES, , ,
 Mailing Address 401 N 2ND STREET
 City MINNEPOLIS State MN Zip Code 55401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEAGHER & GREER Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : SA11AI.9231
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
STEUART, GARY, , ,
 Mailing Address 40184 120TH ST
 City MABEL State MN Zip Code 55954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OWNER Occupation STEUART LABORATORIES
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.9282
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 24 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
STEVENSON, CAROL, , ,

Mailing Address PO BOX 267

City WELCOME State MN Zip Code 56181

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

Name of Employer LASKER JEWELERS Occupation CONTROLLER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2017

Transaction ID : SA11AI.8808

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STEVENSON, CAROL, , ,

Mailing Address PO BOX 267

City WELCOME State MN Zip Code 56181

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

Name of Employer LASKER JEWELERS Occupation CONTROLLER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : SA11AI.9271

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SYMMS, STEVEN, , ,

Mailing Address 517 C ST NE

City WASHINGTON State DC Zip Code 20002

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

Name of Employer PARRY, ROMANI, DECONCINI & SYM Occupation LEGISLATIVE CONSULTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : SA11AI.8717

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

**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 25 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
THOMPSON, CONRAD, , ,

Mailing Address 901 17TH ST NE

City ROCHESTER	State MN	Zip Code 55906
-------------------	-------------	-------------------

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

Name of Employer PHARMACEUTICAL SPECIALTIES, IN	Occupation PRESIDENT
--	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : SA11AI.9116

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TIEDEMAN, CHRIS, , ,

Mailing Address 3038 ASPEN LAKE DRIVE

City BLAINE	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

Transaction ID : SA11AI.9208

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ULLAND, JAMES, , ,

Mailing Address 1600 W 22ND ST

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

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

Name of Employer ULLAND INVESTMENT ADVISORS	Occupation PRESIDENT
--	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9220

Amount of Each Receipt this Period
250.00

Memo Item

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

**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 26 OF 55	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
WEBER, JOE, , ,

Mailing Address 1353 CHATTERTON CT

City ST PAUL	State MN	Zip Code 55123
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9152

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WEBER, JOHN VINCENT, , ,

Mailing Address 06811 MAPLE LF TRAIL

City WALKER	State MN	Zip Code 56484
----------------	-------------	-------------------

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

Name of Employer MERCURY	Occupation LOBBYIST
-----------------------------	------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11AI.9150

Amount of Each Receipt this Period
1000.00

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).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	67750.00

**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 27 OF 55	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
EMMER FOR CONGRESS

Mailing Address PO BOX 998

City ANOKA	State MN	Zip Code 55303
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00545749

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2017

Transaction ID : SA11C.9286

Amount of Each Receipt this Period
 _____ 975.00

Memo Item
 In-kind - Event Expenses

B. Full Name (Last, First, Middle Initial)
EMMER FOR CONGRESS

Mailing Address PO BOX 998

City ANOKA	State MN	Zip Code 55303
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00545749

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : SA11C.9288

Amount of Each Receipt this Period
 _____ 1025.00

Memo Item

C. Full Name (Last, First, Middle Initial)
EMMER FOR CONGRESS

Mailing Address PO BOX 998

City ANOKA	State MN	Zip Code 55303
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00545749

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : SA11C.9289

Amount of Each Receipt this Period
 _____ 2975.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 4975.00
TOTAL This Period (last page this line number only)..... ▶	_____ 4975.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.9289

Excess Contribution of \$975.00 has been refunded in the subsequent period.

Form/Schedule:

Transaction ID:

**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 55			
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017		
Mailing Address 5555 HILTON AVE SUITE 106			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 716.46		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	Transaction ID : SB17.9269		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BLUE EARTH GRAPHICS			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017		
Mailing Address 113 NORTH MAIN ST			FEC Identification Number C		
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 197.72		
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.8735		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BLUE EARTH GRAPHICS			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017		
Mailing Address 113 NORTH MAIN ST			FEC Identification Number C		
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 64.13		
Purpose of Disbursement COPYING CHARGE		Category/ Type	Transaction ID : SB17.8882		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	978.31
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 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. BLUE EARTH GRAPHICS			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2017	
Mailing Address 113 NORTH MAIN ST			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 40.61	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.9074	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BOSCHWITZ ASSOCIATED LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2017	
Mailing Address 1907 WAYZATA BLVD E STE 140			FEC Identification Number C	
City WAYZATA	State MN	Zip Code 55391	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement FUND RAISING		Category/ Type	Transaction ID : SB17.8845	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BRYAN, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2017	
Mailing Address 1500 OLD COMPTON ROAD			FEC Identification Number C	
City HENRICO	State VA	Zip Code 23238	Amount of Each Disbursement this Period 1015.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.8694	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	11055.61
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 55			
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. BRYAN, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2017		
Mailing Address 1500 OLD COMPTON ROAD			FEC Identification Number C		
City HENRICO	State VA	Zip Code 23238	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.8857		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BRYAN, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017		
Mailing Address 1500 OLD COMPTON ROAD			FEC Identification Number C		
City HENRICO	State VA	Zip Code 23238	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.9267		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BUDGET RENT A CAR			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2017		
Mailing Address 6 SYLVAN WAY			FEC Identification Number C		
City PARSIPPANY	State NJ	Zip Code 07054	Amount of Each Disbursement this Period 237.66		
Purpose of Disbursement RENTAL CAR		Category/ Type	Transaction ID : SB17.9068		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1737.66
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 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. BUFFALO WILD WINGS OWATONNA			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2017	
Mailing Address 1100 FRONTAGE RD W			FEC Identification Number C	
City OWATONNA	State MN	Zip Code 55060	Amount of Each Disbursement this Period 301.28	
Purpose of Disbursement MEALS		Category/ Type	Transaction ID : SB17.8692	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. EMMER FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2017	
Mailing Address PO BOX 998			FEC Identification Number C C00545749	
City ANOKA	State MN	Zip Code 55303	Amount of Each Disbursement this Period 581.10	
Purpose of Disbursement LIST RENTAL EXPENSE		Category/ Type	Transaction ID : SB17.8872	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. EMMER FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2017	
Mailing Address PO BOX 998			FEC Identification Number C C00545749	
City ANOKA	State MN	Zip Code 55303	Amount of Each Disbursement this Period 975.00	
Purpose of Disbursement In-kind - Event Expenses		Category/ Type	Transaction ID : SB17.9287	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1857.38
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 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. FARIBAULT AREA CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017	
Mailing Address 530 WILSON AVE			FEC Identification Number C	
City FARIBAULT	State MN	Zip Code 55021	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement PARADE FEE		Category/ Type	Transaction ID : SB17.8739	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FIRCHAU, LON, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2017	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.8702	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FIRCHAU, LON, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2017	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 4547.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.8805	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7297.00
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 34 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. FIRCHAU, LON, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2017	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2955.00	
Purpose of Disbursement FUND RAISING		Category/ Type	Transaction ID : SB17.9070	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GO DADDY			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2017	
Mailing Address 14455 NORTH HAYDEN RD			FEC Identification Number C	
City SCOTTSDALE	State AZ	Zip Code 85260	Amount of Each Disbursement this Period 453.69	
Purpose of Disbursement DOMAIN NAMES		Category/ Type	Transaction ID : SB17.9165	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. HAGEDORN, JAMES, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017	
Mailing Address PO BOX 63			FEC Identification Number C HOMN01045	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.8730	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 01				

SUBTOTAL of Disbursements This Page (optional).....▶	3908.69
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 55			
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. HAGEDORN, JAMES, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2017		
Mailing Address PO BOX 63			FEC Identification Number C HOMN01045		
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.8880		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MN	District: 01				

Full Name (Last, First, Middle Initial) B. HAGEDORN, JAMES, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2017		
Mailing Address PO BOX 63			FEC Identification Number C HOMN01045		
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.9185		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MN	District: 01				

Full Name (Last, First, Middle Initial) C. HITZEMANN, DOUGLAS R, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017		
Mailing Address 148 LYNX LN			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1335.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.8736		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4335.00
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 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. HITZEMANN, DOUGLAS R, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2017	
Mailing Address 148 LYNX LN			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1095.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.8865	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. INNOVATIVE MARKETING TECHNIQUES			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2017	
Mailing Address 218 S LINTON ST			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.8841	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LUCKY LANES			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017	
Mailing Address 37 1ST AVE SE			FEC Identification Number C	
City WINNEBAGO	State MO	Zip Code 56098	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement VOLUNTEER RECOGNITION		Category/ Type	Transaction ID : SB17.8731	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2595.00
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 37 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017
Mailing Address 448 S HILL ST		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90013
Purpose of Disbursement WEB MANAGEMENT		Amount of Each Disbursement this Period 119.00
Candidate Name	Category/ Type	Transaction ID : SB17.8729
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2017
Mailing Address 448 S HILL ST		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90013
Purpose of Disbursement WEB MANAGEMENT		Amount of Each Disbursement this Period 119.00
Candidate Name	Category/ Type	Transaction ID : SB17.8867
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2017
Mailing Address 448 S HILL ST		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90013
Purpose of Disbursement WEB MANAGEMENT		Amount of Each Disbursement this Period 119.00
Candidate Name	Category/ Type	Transaction ID : SB17.9168
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	357.00
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 38 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. OLD EBBITT GRILL			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2017	
Mailing Address 675 15TH ST			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 143.16	
Purpose of Disbursement MEALS		Category/ Type	Transaction ID : SB17.9010	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. OTTO MEDIA GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2017	
Mailing Address 600 S. 2ND ST			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement VIDEO TAPING		Category/ Type	Transaction ID : SB17.8699	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PINNACLE DIRECT			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2017	
Mailing Address 15260 113TH ST N			FEC Identification Number C	
City STILLWATER	State MT	Zip Code 55082	Amount of Each Disbursement this Period 5305.24	
Purpose of Disbursement DIRECT MAIL		Category/ Type	Transaction ID : SB17.8875	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5648.40
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 39 OF 55			
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. PINNACLE DIRECT			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017		
Mailing Address 15260 113TH ST N			FEC Identification Number C		
City STILLWATER	State MT	Zip Code 55082	Amount of Each Disbursement this Period 8605.75		
Purpose of Disbursement DIRECT MAIL		Category/Type	Transaction ID : SB17.8881		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. PIRRON, KYLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017		
Mailing Address 1400 WARREN ST APT H20			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/Type	Transaction ID : SB17.8762		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. PIRRON, KYLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2017		
Mailing Address 1400 WARREN ST APT H20			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/Type	Transaction ID : SB17.8864		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	12105.75
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 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. PIRRON, KYLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2017	
Mailing Address 1400 WARREN ST APT H20			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.9184	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 77.96	
Purpose of Disbursement HOTEL		Category/ Type	Transaction ID : SB17.8768	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 234.86	
Purpose of Disbursement hotel		Category/ Type	Transaction ID : SB17.8831	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1812.82
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 41 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 212.39	
Purpose of Disbursement HOTEL		Category/ Type	Transaction ID : SB17.8832	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 83.96	
Purpose of Disbursement LODGING		Category/ Type	Transaction ID : SB17.8860	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 81.96	
Purpose of Disbursement LODGING		Category/ Type	Transaction ID : SB17.8877	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	378.31
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 42 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 152.97	
Purpose of Disbursement LODGING		Category/ Type	Transaction ID : SB17.8883	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 65.97	
Purpose of Disbursement HOTEL		Category/ Type	Transaction ID : SB17.9013	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 187.35	
Purpose of Disbursement AIR FARE		Category/ Type	Transaction ID : SB17.9014	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	406.29
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 43 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. PRICELINE.COM LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2017	
Mailing Address 800 CONNECTICUT AVE			FEC Identification Number C	
City NORWALK	State CT	Zip Code 06854	Amount of Each Disbursement this Period 87.99	
Purpose of Disbursement LODGING		Category/Type	Transaction ID : SB17.9199	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ROCHESTERFEST			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2017	
Mailing Address PO BOX 007			FEC Identification Number C	
City ROCHESTER	State MN	Zip Code 55903	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement PARADE FEE		Category/Type	Transaction ID : SB17.8870	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SUN COUNTRY AIR			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2017	
Mailing Address 1300 MENDOTA HEIGHTS ROAD			FEC Identification Number C	
City MENDOTA HEIGHTS	State MN	Zip Code 55120	Amount of Each Disbursement this Period 128.20	
Purpose of Disbursement AIRFARE		Category/Type	Transaction ID : SB17.8878	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	716.19
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 44 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. SUN COUNTRY AIR		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2017
Mailing Address 1300 MENDOTA HEIGHTS ROAD		FEC Identification Number C
City MENDOTA HEIGHTS	State MN	Zip Code 55120
Purpose of Disbursement BAGGAGE FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.9000
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. SUN COUNTRY AIR		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2017
Mailing Address 1300 MENDOTA HEIGHTS ROAD		FEC Identification Number C
City MENDOTA HEIGHTS	State MN	Zip Code 55120
Purpose of Disbursement BAGGAGE FEE		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.9071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2017
Mailing Address		FEC Identification Number C
City BLUE EARTH	State MN	Zip Code 56013
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 29.40
Candidate Name		Transaction ID : SB17.9189
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	79.40
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 45 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2017	
Mailing Address PO BOX 4002			FEC Identification Number C	
City ACWORTH	State GA	Zip Code 30101	Amount of Each Disbursement this Period 423.00	
Purpose of Disbursement CELL PHONE		Category/ Type	Transaction ID : SB17.8842	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2017	
Mailing Address PO BOX 4002			FEC Identification Number C	
City ACWORTH	State GA	Zip Code 30101	Amount of Each Disbursement this Period 183.75	
Purpose of Disbursement CELL PHONE		Category/ Type	Transaction ID : SB17.9186	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	606.75
TOTAL This Period (last page this line number only).....▶	55875.56

**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 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. HAGEDORN, JAMES, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2017
Mailing Address PO BOX 63		FEC Identification Number C HOMN01045
City BLUE EARTH	State MN	
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 3000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.8800
State: MN	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HAGEDORN, JAMES, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2017
Mailing Address PO BOX 63		FEC Identification Number C HOMN01045
City BLUE EARTH	State MN	
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 6000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.8801
State: MN	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HAGEDORN, JAMES, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2017
Mailing Address PO BOX 63		FEC Identification Number C HOMN01045
City BLUE EARTH	State MN	
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.8802
State: MN	District: 01	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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 47 OF 55	
	<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)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. FIRCHAU, LON, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2017	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB21.8701	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HARPER POLLING LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2017	
Mailing Address 121 STATE STREET			FEC Identification Number C	
City HARRISBURG	State PA	Zip Code 17101	Amount of Each Disbursement this Period 4342.00	
Purpose of Disbursement POLLING		Category/ Type	Transaction ID : SB21.8734	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PINNACLE DIRECT			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2017	
Mailing Address 15260 113TH ST N			FEC Identification Number C	
City STILLWATER	State MT	Zip Code 55082	Amount of Each Disbursement this Period 5582.22	
Purpose of Disbursement DIRECT MAIL CAMPAIGN		Category/ Type	Transaction ID : SB21.8698	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	11924.22
TOTAL This Period (last page this line number only).....▶	11924.22

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4647**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3500.00	Cumulative Payment To Date 3500.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS	Date Incurred 07 ^M / 30 ^D / 2014	Date Due / /	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	0.00
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) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4661**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	6000.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 05 / Y 2014 Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	0.00
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

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.5310**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	1000.00	6500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 ^M / D 24 ^D / Y 2014 Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	6500.00
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

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.5627**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , , <input type="checkbox"/> Memo Item		Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63		
City BLUE EARTH	State MN	ZIP Code 56013
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 10 / Y 2014	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	1500.00
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

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.5633**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , , <input type="checkbox"/> Memo Item		Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63		<input type="checkbox"/> Personal Funds of the Candidate
City BLUE EARTH	State MN	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 17 / Y 2014	M / D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	1500.00
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

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.8115**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,			<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63				
City BLUE EARTH	State MN	ZIP Code 56013	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 1273.66	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1273.66
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TERMS	Date Incurred M 11 / D 08 / Y 2016	Date Due M M / D D / Y 0 Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1273.66
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

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.8173**

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1059.75	0.00	1059.75

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 / D 13 / Y 2016	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	1059.75
TOTALS This Period (last page in this line only).....▶	11833.41

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRCHAU, LON, , ,			Nature of Debt (Purpose): CAMPAIGN STAFF
Mailing Address 125 FALCON DR			
City MANKATO	State MN	Zip Code 56001	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.8127	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HARPER POLLING LLC			Nature of Debt (Purpose): POLLING
Mailing Address 121 STATE STREET			
City HARRISBURG	State PA	Zip Code 17101	

Outstanding Balance Beginning This Period 4342.00	Transaction ID : SD10.8124	
Amount Incurred This Period 0.00	Payment This Period 4342.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PINNACLE DIRECT			Nature of Debt (Purpose): DIRECT MAILING
Mailing Address 15260 113TH ST N			
City STILLWATER	State MT	Zip Code 55082	

Outstanding Balance Beginning This Period 5582.22	Transaction ID : SD10.8690	
Amount Incurred This Period 0.00	Payment This Period 5582.22	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	