

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
**Michael O. Freeman
Linquist - Vennum Political Fund**

ADDRESS (number and street) Check if different than previously reported
4200 IDS Center, 80 S. 8th Street

CITY, STATE and ZIP CODE
Minneapolis, MN 55402

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October

March 20 July 20 November

April 20 August 20 December

May 20 September 20 January 31

12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
April 1 through June 30, 2000		
6. (a) Cash on Hand January 1, 2000		\$ 7588.18
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,588.18	
(c) Total Receipts (from Line 19)	\$ 0	\$ 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6,588.18	\$ 7,588.18
7. Total Disbursements (from Line 30)	\$ 574.18	\$ 1,574.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,014.00	\$ 6,014.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer
Michael O. Freeman

Signature of Treasurer
Michael O. Freeman

Date
7-11-00

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

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FEC FORM
(revised)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<u>Lindquist-Vennum Political Fund</u>	FROM <u>4-1-00</u>	TO: <u>6-30-00</u>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized		
iii. Total (add i and ii) >	0	0
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0	0
20. Total Federal Receipts (subtract line 18 from line 19) >	0	0
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share <u>check printing</u>	24.18	24.18
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures <u>check printing</u> (add a i, a ii, and b) >	24.18	24.18
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	200.00	200.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	350.00	4,250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	574.18	4,574.18
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	550.00	4,550.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0	0
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1
FOR LINE NU

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in Full)

Lindquist v Vennum Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt this
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

0

TOTAL This Period (last page this line number only)

0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE

FOR LINE NUMBER

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Lindquist-Vannum Political Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement
Runbeck for Congress 1420 Concordia Street PO 40340 St. Paul, MN 55104	campaign cont. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/00	100.
B. Full Name, Mailing Address and ZIP Code NOVAK for Congress 151 Silver Lake Road New Brighton, MN 55112	campaign cont. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/00	100.0
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Disbursement

SUBTOTAL of Disbursements This Page (optional)

200.

TOTAL This Period (last page this line number only)

200.

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
 LINE NUMBER _____
 (Use separate schedule
 for each numbered line)

Name of Committee (in Full)

Lindquist & Vennun Political Fund

A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

SUBTOTALS This Period This Page (optional) _____
 TOTALS This Period (last page in this line only) _____

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

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) <i>Lindquist + Vennum Political Fund</i>		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment: _____

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page of
LINE NUMBER
(Use separate sheets
for each number)

Name of Committee (in Full) <i>Lindquist & Vennum Political Fund</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstan Balance at of This P
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				0
2) TOTALS This Period (last page in this line only)				0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full) <i>Lindquist Vennum Political Fund</i>				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by expenditure & office sought <input type="checkbox"/> Support <input type="checkbox"/> Opp
				<input type="checkbox"/> Support <input type="checkbox"/> Opp
				<input type="checkbox"/> Support <input type="checkbox"/> Opp
				<input type="checkbox"/> Support <input type="checkbox"/> Opp
				<input type="checkbox"/> Support <input type="checkbox"/> Opp
				<input type="checkbox"/> Support <input type="checkbox"/> Opp
				<input type="checkbox"/> Support <input type="checkbox"/> Opp
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	\$ <u>0</u>
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agents.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page ____ of _____
LINE NUMBER _____

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) <i>Lindquist & Vennum Political Fund</i>				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
SUBTOTAL of Expenditures This Page (optional)				0
TOTAL This Period (last page this line number only)				0

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

Lindquist + Vennum Political Fund

NATIONAL PARTY COMMITTEES

- FIXED FEDERAL PERCENTAGE** (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT)
- PRESIDENTIAL YEAR (65%)
 - ALL OTHER YEARS (80%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

- MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT)
- OR
- FUNDS EXPENDED:**
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL
 - ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$
- ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$
- ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	
5. GOVERNOR <input type="checkbox"/> (1 POINT)	
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	
7. STATE SENATE <input type="checkbox"/> (1 POINT)	
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12

NAME OF COMMITTEE

Lindquist & Vennum Political Fund

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenditures must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED
NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED
NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED
NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED
NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED
NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED
NAME OF ACTIVITY OR EVENT ACTIVITY IS: _____ <input type="checkbox"/> FUNDRAISING _____ <input type="checkbox"/> EXEMPT _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: _____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> REVISED _____ <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FED

TRANSFERS FROM
 NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE
Lindquist - Vennum Political Fund

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT _____ DATE OF RECEIPT _____ \$ 0

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT _____ DATE OF RECEIPT _____ \$ 0

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED				
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				<u>0</u>
TOTAL THIS PERIOD				<u>0</u>

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE
Lindquist Vennem Political Fund

A. FULL NAME, MAILING ADDRESS & ZIP CODE <i>US Bank 80 S. 8th Street Minneapolis, MN 55402</i>	PURPOSE/EVENT <i>check printing</i>	DATE <i>4/14/00</i>	TOTAL AMOUNT <i>24.18</i>	FEDERAL SHARE	NON-FED SHARE <i>24.</i>
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FED SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FED SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FED SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FED SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FED SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			<i>24.18</i>		
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TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 b ii)			<i>24.18</i>		
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TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)			<i>24.18</i>		
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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

First Class Mail

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Date of Receipt

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Electronic Filing

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PREPARER

7/17/00

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