

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115  
 Check if different than previously reported. (ACC)  
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00436428  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2007 through 12 31 2007

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 Keith A. Davis

Signature of Treasurer Electronically Filed by Keith A. Davis Date 01 29 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MINNESOTA-COLEMAN VICTORY COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">60360.00</td></tr></table>	60360.00										
60360.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">77889.40</td></tr></table>	77889.40	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">427789.40</td></tr></table>	427789.40								
77889.40												
427789.40												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">138249.40</td></tr></table>	138249.40	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">427789.40</td></tr></table>	427789.40								
138249.40												
427789.40												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">121879.40</td></tr></table>	121879.40	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">411419.40</td></tr></table>	411419.40								
121879.40												
411419.40												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16370.00</td></tr></table>	16370.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16370.00</td></tr></table>	16370.00								
16370.00												
16370.00												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
MINNESOTA-COLEMAN VICTORY COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	71425.00	403225.00
(i) Itemized (use Schedule A) .....	3336.00	3836.00
(ii) Unitemized .....	74761.00	407061.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	3000.00	20600.00
(c) Other Political Committees (such as PACs) .....	77761.00	427661.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	128.40	128.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	77889.40	427789.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	77889.40	427789.40

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	27055.76	97437.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	27055.76	97437.92
22. Transfers to Affiliated/Other Party Committees.....	72723.64	291881.48
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	22100.00	22100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	22100.00	22100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	121879.40	411419.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121879.40	411419.40

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	77761.00	427661.00
34. Total Contribution Refunds (from Line 28(d)) .....	22100.00	22100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55661.00	405561.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	27055.76	97437.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	128.40	128.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26927.36	97309.52

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

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

FOR LINE NUMBER: PAGE 6 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
James R. Becker

Mailing Address 5830 North Sunny Point

City State Zip Code  
Glendale WI 53209

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.4563

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
David T. Bishop

Mailing Address 1185 Plummer Circle

City State Zip Code  
Rochester MN 55902

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.4462

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
David L. Boehnen

Mailing Address 71 Otis Lane

City State Zip Code  
St. Paul MN 55104

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

Name of Employer Super Valu Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.4478

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Brown		Date of Receipt
	Mailing Address 521 Grand Hill		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 0 / 2 0 0 7
	City	State	Zip Code
	Saint Paul	MN	55102
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4539
Name of Employer Marquette Financial Company		Occupation Financial Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Cleo T. Cafesjian		Date of Receipt
	Mailing Address 4001 Tamiami Trail, North Suite 425		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 0 / 2 0 0 7
	City	State	Zip Code
	Naples	FL	34103
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4574
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	<input type="text"/> 2500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) G.L. Cafesjian		Date of Receipt
	Mailing Address 4001 Tamiami Trail, North Suite 425		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 0 / 2 0 0 7
	City	State	Zip Code
	Naples	FL	34103
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4572
Name of Employer GLC Enterprises		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	<input type="text"/> 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Robert E. Clark

Mailing Address 3220 Xanthus Lane, North

City Plymouth State MN Zip Code 55447

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

Name of Employer Medtronic Inc. Occupation Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2007  
**Transaction ID: SA11AI.4541**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerome M. Cowan

Mailing Address 20 Windsor Lane  
Apartment 106A

City New Brighton State MN Zip Code 55112

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2007  
**Transaction ID: SA11AI.4502**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jane L. Emison

Mailing Address 326 South Broadway Avenue 222

City Wayzata State MN Zip Code 55391

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.4657**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MINNESOTA-COLEMAN VICTORY COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Robert W. Fayfield

Mailing Address P.O. Box 34

City State Zip Code  
**Minneapolis MN 55440**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Banner Engineering CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

**Transaction ID: SA11AI.4433**

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan B. Fons

Mailing Address 12516 Overlook Court

City State Zip Code  
**Minnetonka MN 55343**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID: SA11AI.4517**

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward F. Fox

Mailing Address 501 Grand Hill

City State Zip Code  
**Saint Paul MN 55102**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bassford & Remele Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID: SA11AI.4547**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mark D. Friedow

Mailing Address 1213 Rushridge Road  
P.O. Box 110

City State Zip Code  
Jefferson IA 50129

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

Name of Employer Occupation  
Agri-Tech Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	7

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Frank N. Genovese

Mailing Address 176 The Branches

City State Zip Code  
Kitanning PA 16201

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

Name of Employer Occupation  
Self Employed Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	7

Transaction ID: SA11AI.4510

Amount of Each Receipt this Period

100.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Jay Gonsalves

Mailing Address 28 Randall Road

City State Zip Code  
Rochester MA 02770

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

Name of Employer Occupation  
Action Collection Agency President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	7

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period

250.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

600.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 11 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Martha M. Head

Mailing Address 1616 West 22nd Street

City State Zip Code  
Minneapolis MN 55405

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

Name of Employer Head & Seifert      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.4551

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Vernon H. Heath

Mailing Address 7900 Xerxes Avenue South  
Suite 930

City State Zip Code  
Bloomington MN 55431

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

Name of Employer Blue Pine, LLC      Occupation Chairman

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11AI.4386

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
Lowell W. Hellervik

Mailing Address 59 - 4th Street, West  
Suite 2500

City State Zip Code  
Saint Paul MN 55102

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

Name of Employer Personal Decisions Inc.      Occupation Executive

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.4599

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) David G. Herro		Date of Receipt MM / DD / YYYY 12 / 03 / 2007
Mailing Address 65 East Goethe Street 3N		<b>Transaction ID:</b> SA11AI.4460
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
Name of Employer Hart & Associates, LP	Occupation Investment Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

**B.**

Full Name (Last, First, Middle Initial) Kristin A. Johnson		Date of Receipt MM / DD / YYYY 12 / 03 / 2007
Mailing Address 8719 Flamingo Drive		<b>Transaction ID:</b> SA11AI.4435
City Chanhassen	State MN	Zip Code 55317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ameriprise Financial	Occupation Paraplanner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

**C.**

Full Name (Last, First, Middle Initial) Ralph F. Johnson		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 1280 Dodd Road		<b>Transaction ID:</b> SA11AI.4601
City Saint Paul	State MN	Zip Code 55118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ann M. Jorgensen

Mailing Address 3592 Glen Oaks Avenue

City State Zip Code  
White Bear Lake MN 55110

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

Name of Employer Impressions Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

**Transaction ID:** SA11AI.4413

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Kelby Krabbenhoft

Mailing Address 5105 South Daffodil Circle

City State Zip Code  
Sioux Falls SD 57108

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

Name of Employer Sioux Valley Health Systems Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.4474

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 18601 Verona Lago Drive

City State Zip Code  
Miromar Lakes FL 33913

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

Name of Employer Self Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.4571

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert G. Mairs

Mailing Address 2053 Acacia Drive

City State Zip Code  
Mendota Heights MN 55120

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

Name of Employer Occupation  
Self Employed Investment Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.4444

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel N. Mezzalingua

Mailing Address 6906 Shalimar Way

City State Zip Code  
Fayetteville NY 13006

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

Name of Employer Occupation  
FTO Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.4506

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 13485 North Park Boulevard

City State Zip Code  
Cleveland Heigts OH 44118

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.4513

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ellis F. Naegele

Mailing Address 7993 Via Vecchia

City State Zip Code  
Naples FL 34108

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4576

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert O. Naegele

Mailing Address 7993 Via Vecchia

City State Zip Code  
Naples FL 34108

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

Name of Employer Self Employed Occupation Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4578

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Neeb, CPA, MBA

Mailing Address 2491 Hawk Hill Lane

City State Zip Code  
Rochester MN 55902

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

Name of Employer Self Employed Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4611

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Rosie Owens

Mailing Address 1070 Ferndale Road, W

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17975.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 03 / 2007

**Transaction ID:** SA11AI.4628

Amount of Each Receipt this Period  
10000.00

Note: Refund Issued January 2008

**B.**

Full Name (Last, First, Middle Initial)  
George S. Pillsbury

Mailing Address 601 Carlsö Parkway Suite 800

City State Zip Code  
Minnetonka MN 55305

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2007

**Transaction ID:** SA11AI.4525

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sally W. Pillsbury

Mailing Address 601 Carlson Parkway Suite 800

City State Zip Code  
Minnetonka MN 55305

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2007

**Transaction ID:** SA11AI.4526

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10500.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Prairie Island Tribal Council

Mailing Address 5636 Sturgeon Lake Road

City State Zip Code  
Wech MN 55089

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.4647

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Gene A. Rehtizigel

Mailing Address 19799 Juno Trail

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.4378

Amount of Each Receipt this Period

9200.00

**C.**

Full Name (Last, First, Middle Initial)  
Gene A. Rehtizigel

Mailing Address 19799 Juno Trail

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4624

Amount of Each Receipt this Period

3000.00

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

14200.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Bryan S. Reichel  
 Mailing Address 9600 Towering Oaks Curve  
 City State Zip Code  
 Prior Lake MN 55372  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 7  
**Transaction ID:** SA11AI.4515  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pure Choice Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
John R. Rupp  
 Mailing Address 6 - 5th Street, West Suite 900  
 City State Zip Code  
 Saint Paul MN 55102  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 7  
**Transaction ID:** SA11AI.4613  
 Amount of Each Receipt this Period  
 2000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher Schneeman  
 Mailing Address 1561 Park Circle  
 City State Zip Code  
 Mendota Heights MN 55118  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 7  
**Transaction ID:** SA11AI.4609  
 Amount of Each Receipt this Period  
 275.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maguire Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3275.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence David Schuster, MD		Date of Receipt MM / DD / YYYY 12 / 10 / 2007		
	Mailing Address 4430 West Lake Harriet Parkway Apartment 301		<b>Transaction ID:</b> SA11AI.4618		
	City Minneapolis	State MN	Zip Code 55410	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas P. Seaton		Date of Receipt MM / DD / YYYY 12 / 10 / 2007		
	Mailing Address 7301 - Ohms Lane #320		<b>Transaction ID:</b> SA11AI.4524		
	City Edina	State MN	Zip Code 55439	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Seaton, Beck & Pet	Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Cynthia L. Sebold		Date of Receipt MM / DD / YYYY 11 / 29 / 2007		
	Mailing Address 7470 Tulip Court		<b>Transaction ID:</b> SA11AI.4405		
	City Chanhassen	State MN	Zip Code 55317	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mark O. Senn

Mailing Address 7160 Willow View Cove

City State Zip Code  
Chanhassen MN 55317

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

Name of Employer Occupation  
Marcus Enterprises Real Estate

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.4384

Amount of Each Receipt this Period  
3300.00

**B.**

Full Name (Last, First, Middle Initial)  
Joan Thompson

Mailing Address 6710 Arlene Avenue

City State Zip Code  
Inver Grove Height MN 55077

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

Name of Employer Occupation  
Minnesota Wire & Cable Vice-President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.4565

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lewis E. Topper

Mailing Address 42-40 Bell Boulevard Suite 200

City State Zip Code  
Bayside NY 11361

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

Name of Employer Occupation  
Fast Food Services Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.4448

Amount of Each Receipt this Period  
1000.00

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

4550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Tropical Plants Unlimited	Date of Receipt
	Mailing Address 1206 Culligan Lane	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 15 / 2007
	City State Zip Code Mendo Heights MN 55188	<b>Transaction ID:</b> SA11AI.4381
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ricardo Edelstein	Date of Receipt
	Mailing Address 1206 Culligan Lane	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 15 / 2007
	City State Zip Code Mendota Heights MN 55118	<b>Transaction ID:</b> SA11AI.4381.0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Tropical Plants Unlimited, LLC Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	<b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen G. Wenzel	Date of Receipt
	Mailing Address 415 NE 3rd Street P.O. Box 285	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 12 / 31 / 2007
	City State Zip Code Little Falls MN 56345	<b>Transaction ID:</b> SA11AI.4661
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation US Department of Agriculture Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 71425.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MOTORCYCLE PAC OF MINNESOTA

Mailing Address 7160 WILLOW VIEW COVE

City State Zip Code  
CHANHASSEN MN 55317

FEC ID number of contributing federal political committee. **C** C00402768

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11C.4388

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
WINTHROP & WEINSTINE P.A. POLITICAL FUND

Mailing Address 225 South Sixth Street  
Suite 3500

City State Zip Code  
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00277988

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** SA11C.4532

Amount of Each Receipt this Period  
1000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 28

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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) 3 Dog Consulting, LTD Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4653 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 7	<b>Amount of Each Disbursement this Period</b> 1250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Encore FBO - FSD Mailing Address 3501 Aviation Avenue City Sioux Falls State SD Zip Code 57104 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4673 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7	<b>Amount of Each Disbursement this Period</b> 3269.32
<b>C.</b>	Full Name (Last, First, Middle Initial) Huckaby Davis Lisker Mailing Address 228 South Washington Street Suite 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4631 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7	<b>Amount of Each Disbursement this Period</b> 3909.03

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8428.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jana Noonan Photography</p> <p>Mailing Address P.O. Box 2014</p> <p>City Maple Grove State MN Zip Code 55311</p> <p>Purpose of Disbursement Event Photography</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4655</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="870.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sara Myers</p> <p>Mailing Address 680 Transfer Road Suite A</p> <p>City Saint Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Mileage/Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4651</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="258.35"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pinnacle Direct, Inc.</p> <p>Mailing Address 15260 113th Street, North</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement Invitation Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4482</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="11092.65"/></p> <p>Category/Type: <input type="text" value="003"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12221.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

PAGE 25 / 28

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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Lynne Schoen Mailing Address 2096 Fairways Lane City Roseville State MN Zip Code 22113 Purpose of Disbursement Event Production Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4649 Date of Disbursement 12 / 17 / 2007
	Amount of Each Disbursement this Period 2500.00 Category/Type: 003
<b>B.</b> Full Name (Last, First, Middle Initial) Town & Country Caterers at the Reserve Mailing Address 3155 Empire Lane City Plymouth State MN Zip Code 55447 Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4676 Date of Disbursement 12 / 12 / 2007
	Amount of Each Disbursement this Period 3906.41 Category/Type: 003

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

6406.41

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

27055.76

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 28

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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
COLEMAN FOR SENATE 08

Mailing Address 7300 HUDSON BLVD SUITE 270A

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
Transfer of Net Proceeds

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.4666

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

49470.83

B.

Full Name (Last, First, Middle Initial)  
REPUBLICAN PARTY OF MINNESOTA

Mailing Address 525 PARK STREET  
SUITE 250

City ST PAUL State MN Zip Code 55103

Purpose of Disbursement  
Transfer of Net Proceeds

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.4667

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

23252.81

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

72723.64

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

72723.64

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

A.	Full Name (Last, First, Middle Initial) George Eli Anderson	Transaction ID: SB28A.4670 Date of Disbursement
	Mailing Address 11412 Mississippi Drive	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Candidate Name	<input type="text" value="4400.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="010"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Marilyn Nelson	Transaction ID: SB28A.4671 Date of Disbursement
	Mailing Address 301 Carlson Parkway Suite 275	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Minnetonka State MN Zip Code 55305	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Candidate Name	<input type="text" value="5400.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Dean A. Sundquist	Transaction ID: SB28A.4668 Date of Disbursement
	Mailing Address 4315 Oakview Lane	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Plymouth State MN Zip Code 55442	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Candidate Name	<input type="text" value="10000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="010"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="19800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 28

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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
LCDR Bobby Thompson

Transaction ID: SB28A.4669  
Date of Disbursement

Mailing Address 7028 West Waters Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

City Tampa State FL Zip Code 33634

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2300.00
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TOTAL This Period (last page this line number only) ..... ▶

22100.00
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