

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> FRIENDS OF HAGEDORN			
ADDRESS (number and street) 11 CIVIC CENTER PLZ STE 007			
CITY MANKATO	STATE MN	ZIP CODE 56001	
<b>2. NAME OF CANDIDATE</b> HAGEDORN, JAMES, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House MN 01	
<b>4. FEC IDENTIFICATION NUMBER</b> C00550707			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> FREKING, BRAD, , ,		Name of Employer NEW FASHION PORK	Date (month, day, year) 10/26/2016
MAILING ADDRESS 59185 790TH ST		Transaction ID : F6.7827	Amount 1250.00
CITY ALPHA	STATE MN	ZIP CODE 56111	Occupation CEO
<b>B. FULL NAME</b> FREKING, MEG, , ,		Name of Employer NEW FASHION PORK	Date (month, day, year) 10/26/2016
MAILING ADDRESS 59185 790TH ST		Transaction ID : F6.7830	Amount 1250.00
CITY ALPHA	STATE MN	ZIP CODE 56111	Occupation OWNER
<b>C. FULL NAME</b> SEATON, DOUGLAS, , ,		Name of Employer SEATON, PETERS, & REVNEW	Date (month, day, year) 10/26/2016
MAILING ADDRESS 4306 SUNNYSIDE RD		Transaction ID : F6.7832	Amount 1000.00
CITY EDINA	STATE MN	ZIP CODE 55424	Occupation ATTORNEY
<b>D. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>E. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>SIGNATURE (optional)</b> HITZEMANN, DOUGLAS R, ,		DATE 10/26/2016	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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