

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different than previously reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY  
11 / 04 / 2014

MM / DD / YYYY

MM / DD / YYYY

in the State of

MN

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
10 / 01 / 2014

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY  
10 / 15 / 2014

MM / DD / YYYY

MM / DD / YYYY

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 DOUGLAS R HITZEMANN

Signature of Treasurer DOUGLAS R HITZEMANN

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 23 / 2014

MM / DD / YYYY

MM / DD / YYYY

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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF HAGEDORN**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	25806.85	185130.37
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25806.85	185080.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	41635.81	178363.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	132.00	270.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41503.81	178093.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24487.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	12500.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF HAGEDORN**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18891.85	133321.37
(ii) Unitemized.....	5415.00	23635.00
(iii) TOTAL of contributions from individuals ▶	24306.85	156956.37
(b) Political Party Committees.....	250.00	2949.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1250.00	25225.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25806.85	185130.37
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	17500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	17500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	132.00	270.75
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25938.85	202901.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41635.81	178363.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	50.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	41635.81	178413.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40184.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25938.85
25. SUBTOTAL (add Line 23 and Line 24).....	66123.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41635.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24487.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD BARKE**

Mailing Address 1996 160TH ST

City FAIRMONT State MN Zip Code 56031

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

Name of Employer: **VIESSELMAN & BARKE** Occupation: **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5238**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MARY BELL**

Mailing Address 40612 110TH ST

City BLUE EARTH State MN Zip Code 56013

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

Name of Employer: **DOUBLE B INVESTMENTS** Occupation: **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.5174**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**NEAL BREITBARTH**

Mailing Address 2579 STELLA COURT

City FAIRMONT State MN Zip Code 56031

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

Name of Employer: **AG INDUSTRIAL** Occupation: **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
591.85

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11AI.5298**

Amount of Each Receipt this Period  
391.85  
In-kind - Facilities, Food for Fund Raiser

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

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

891.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES COTE**

Mailing Address 7440 SHANNON DR

City State Zip Code  
MINNEAPOLIS MN 55439

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

Name of Employer Occupation  
RETIRE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11AI.5201**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**BRAD FREKING**

Mailing Address 59185 790TH ST

City State Zip Code  
ALPHA MN 56111

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

Name of Employer Occupation  
NEW FASHION PORK CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD HAGEDORN**

Mailing Address 75 SAN LUIS OBISPO

City State Zip Code  
FORT PIERCE FL 34951

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

Name of Employer Occupation  
RETIRE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.5178**

Amount of Each Receipt this Period  
750.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS HAGEDORN**

Mailing Address 31 SE 10TH AVE

City State Zip Code  
FORT LAUDERDALE FL 33301

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

Name of Employer Occupation  
RETIRE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 08 2014

**Transaction ID : SA11AI.5195**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**GENE HUGOSON**

Mailing Address 2775 60TH ST

City State Zip Code  
GRANADA MN 56039

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 13 2014

**Transaction ID : SA11AI.5219**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN HUGOSON**

Mailing Address 2838 60TH ST

City State Zip Code  
GRANADA MN 56039

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 13 2014

**Transaction ID : SA11AI.5222**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**KIM HUMMEL**

Mailing Address 235 COUNTY RD 51

City JACKSON State MT Zip Code 56143

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

Name of Employer JACKSON COUNTY Occupation COUNTY COMMISSIONER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11AI.5217**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**TERRY HUMMEL**

Mailing Address 235 COUNTY RD 51

City JACKSON State MN Zip Code 56143

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

Name of Employer FULL TILT PERFORMANCE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11AI.5218**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**JONATHAN KIETZER**

Mailing Address 931 MADISON AVE

City MANKATO State MN Zip Code 56001

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

Name of Employer CENTURY 21 LANDMARK REALTORS Occupation REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.5180**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**BERNIE KRIE WALL**

Mailing Address 306 W 10TH ST

City State Zip Code  
BLUE EARTH MN 56013

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.5177**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MARILEE McNEILUS**

Mailing Address 17609 625TH ST

City State Zip Code  
DODGE CENTER MN 55927

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

Name of Employer Occupation  
HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.5185**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY MURRAY**

Mailing Address 57217 200TH ST

City State Zip Code  
MANKATO MN 56001

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

Name of Employer Occupation  
MAYO CLINIC DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.5251**

Amount of Each Receipt this Period  
250.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>BRUCE QUAST</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014
Mailing Address 6581 300TH AVE		<b>Transaction ID : SA11AI.5172</b>
City WASECA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BRUCE W QUAST	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>BRIAN ROGGOW</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2014
Mailing Address 1980 KNOLLWOOD DR		<b>Transaction ID : SA11AI.5196</b>
City FAIRMONT	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer FAIRMONT VETERINARY CLINIC	Occupation VETERINARIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JOHN ROISE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 1605 NORTHRIDGE LANE		<b>Transaction ID : SA11AI.5246</b>
City NO MANKATO	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LINDSAY WINDOW & SASH	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. JULIE ROSEN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address PO BOX 428		<b>Transaction ID : SA11AI.5221</b>
City VERNON CENTER	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer STATE OF MINNESOTA	Occupation SENATOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>B. GENIENE SCHERER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 617 TURNBERRY CT		<b>Transaction ID : SA11AI.5181</b>
City NORTHFIELD	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer INTERDYNE BMI	Occupation CPA	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) <b>C. MARK SHALTANIS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2336 MORGAN LANE		<b>Transaction ID : SA11AI.5169</b>
City DUNN LORIN	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ST PAUL'S LUTHERAN CHURCH	Occupation MINISTER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 27  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**RANDALL SPRONK**

Mailing Address 866 130TH AVE

City PIPESTONE State MN Zip Code 56164

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.5236**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN STARK**

Mailing Address 245 N 27TH STREET

City CAMP HILL State PA Zip Code 17011

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

Name of Employer STATE OF PENNSYLVANIA Occupation BEER AND WINE COMMISSIONER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**GARY STEUART**

Mailing Address 40184 120TH ST

City MABEL State MN Zip Code 55954

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

Name of Employer OWNER Occupation STEUART LABORATORIES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period  
200.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. CAROL STEVENSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 603 LAKE ST		<b>Transaction ID : SA11AI.5227</b>
City NO MANKATO	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. STEVEN STONE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 3802 WEST AMBER LANE		<b>Transaction ID : SA11AI.5205</b>
City FAIRMONT	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer FAIRMONT VETERINARY CLINIC	Occupation VETERINARIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00	

Full Name (Last, First, Middle Initial) <b>C. CONRAD THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 901 17TH ST NE		<b>Transaction ID : SA11AI.5170</b>
City ROCHESTER	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer PHARMACEUTICAL SPECIALTIES, IN	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH WEIS**

Mailing Address 2227 7TH ST NW

City ROCHESTER State MN Zip Code 55901

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

Name of Employer WEIS BUILDERS, INC Occupation CHAIRMAN EMERITUS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.5207**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT WHEARLEY**

Mailing Address 6105 ROCKWELL COURT

City BURKE State VA Zip Code 22015

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

Name of Employer FAIRFAX IT SOLUTIONS Occupation COMPUTERS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.5187**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

750.00

18891.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**WASECA COUNTY REPUBLICAN COMMITTEE**

Mailing Address

City State Zip Code  
WASECA MN 56093

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 02 2014

**Transaction ID : SA11B.5184**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 5555 HILTON AVE SUITE 106		Amount of Each Disbursement this Period 133.86
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CREDIT CARD CHARGES	Transaction ID : SB17.5284
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 5555 HILTON AVE SUITE 106		Amount of Each Disbursement this Period 157.54
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CREDIT CARD CHARGES	Transaction ID : SB17.5295
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BLUE EARTH GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 113 NORTH MAIN ST		Amount of Each Disbursement this Period 884.96
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement MAILER	Transaction ID : SB17.5290
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1176.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. NEAL BREITBARTH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 2579 STELLA COURT		Amount of Each Disbursement this Period 391.85 <b>Transaction ID : SB17.5299</b>
City FAIRMONT	State MN	
Zip Code 56031	Purpose of Disbursement In-kind - Facilities, Food for Fund Raiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RYAN BRINKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 115 4TH STREET		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5278</b>
City JACKSON	State MN	
Zip Code 56143	Purpose of Disbursement CAMPAIGN STAFF	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL BRYAN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1500 OLD COMPTON ROAD		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5279</b>
City HENRICO	State VA	
Zip Code 23238	Purpose of Disbursement WEB DESIGN	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2891.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. CHARLIE'S</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 56.92
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement D HITZEMANN - MEALS	Transaction ID : SB17.5271
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHARTER MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 15025 GLAZIER AVE SUITE 201		Amount of Each Disbursement this Period 15419.85
City APPLE VALLEY	State MN	
Zip Code 55124	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.5281
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CLARK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 110.00
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement L FIRCHAU - FUEL	Transaction ID : SB17.5254
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15586.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. LON FIRCHAU</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 381.45
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement SEE MEMO	Transaction ID : SB17.5252
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LON FIRCHAU</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2500.00
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER	Transaction ID : SB17.5264
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JAMES HAGEDORN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 1250.00
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement In-kind - Mileage	Transaction ID : SB17.5305
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS R HITZEMANN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 148 LYNX LN			Amount of Each Disbursement this Period 945.28	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.5265	
Purpose of Disbursement SEE MEMO		Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. INNOVATIVE MARKETING TECHNIQUES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 218 S LINTON ST			Amount of Each Disbursement this Period 1641.98	
City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SB17.5291	
Purpose of Disbursement ADVERTISING		Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>C. KATO BALLROOM</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 200 CHESTNUT STREET			Amount of Each Disbursement this Period 500.00	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.5285	
Purpose of Disbursement FACILITIES ELECTION NIGHT		Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2141.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. KWIK TRIP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 223.09
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement FUEL - L FIRCHAU	Transaction ID : SB17.5253
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAKE REGION TIMES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 513 MAIN ST PO BOX 128		Amount of Each Disbursement this Period 3029.06
City MADISON LAKE	State MN	
Zip Code 56063	Purpose of Disbursement CAMPAIGN SIGNS	Transaction ID : SB17.5273
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAKE REGION TIMES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 513 MAIN ST PO BOX 128		Amount of Each Disbursement this Period 1945.65
City MADISON LAKE	State MN	
Zip Code 56063	Purpose of Disbursement CAMPAIGN SIGNS	Transaction ID : SB17.5280
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5197.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. LOOK SIGNS, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 5635 142ND AVE NW		Amount of Each Disbursement this Period 2648.13
City RAMSEY	State MN	
Zip Code 55303	Purpose of Disbursement CAMPAIGN SIGNS	Transaction ID : SB17.5275
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NATION BUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 799.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement D HITZEMANN - WEB ORGANIZATION	Transaction ID : SB17.5269
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. QUEST ADVERTISING &amp; PRODUCTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 626 SOUTH FRONT STREET		Amount of Each Disbursement this Period 1000.45
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.5287
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4447.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>A. RICHTER PICTURE COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 1741 LOIS DRIVE			Amount of Each Disbursement this Period 6000.00	
City ST PAUL	State MN	Zip Code 55126	Transaction ID : SB17.5277	
Purpose of Disbursement VIDEO PRODUCTION		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RUSSELL LABEL &amp; PACKAGING</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 499 BURGESS ST			Amount of Each Disbursement this Period 123.91	
City ST PAUL	State MN	Zip Code 55117	Transaction ID : SB17.5289	
Purpose of Disbursement LABELS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6123.91
<b>TOTAL</b> This Period (last page this line number only).....	41316.25

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4646

**FRIENDS OF HAGEDORN**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**JAMES HAGEDORN**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
07 / 29 / 2014

M M / D D / Y Y Y Y

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

3000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4647

**FRIENDS OF HAGEDORN**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**JAMES HAGEDORN**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 30 D

Y 2014 Y

M M

D D

Y Y Y Y

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

3500.00

**TOTALS** This Period (last page in this line only)..... ▶

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4661**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **JAMES HAGEDORN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 63

City State ZIP Code  
 BLUE EARTH MN 56013

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

Date Incurred: M 08 / D 05 / Y 2014  
 Date Due: M / D / Y  
 Interest Rate: % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	6000.00
<b>TOTALS</b> This Period (last page in this line only).....	12500.00

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