

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEDERAL MAIL CENTER OCT 15 2002

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines.

12FE4005

COO231233

Michael O. Freeman
Lindquist & Vennum Political Fund
4200 IDS Center 80 S. 8th Street
Minneapolis, MN 55402

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

COO231233

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)

May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)

Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)

Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

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

Primary (12P)
Convention (12C)

General (12G)
Special (12S)

Runoff (12R)

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

10/1/2001 through 12/31/2002

through

10/1/2001 through 12/31/2002

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

Type or Print Name of Treasurer

Michael O. Freeman

Signature of Treasurer

Michael O. Freeman

Date

10/14/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Lindquist & Vennum Political Fund

Report Covering the Period:

From:

07 01 2002

To:

09 30 2002

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2002		5,581.92
(b) Cash on Hand at Beginning of Reporting Period	3,447.31	
(c) Total Receipts (from Line 10)	9,850.00	9,850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12,297.31	15,431.92
7. Total Disbursements (from Line 30)	27,500.00	4,834.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10,547.31	10,547.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 10/1)

Write or Type Committee Name

Lindquist & Vennum Political Fund

Report Covering the Period:

From:

07 01 2002

To:

09 30 2002

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 (i) Itemized (use Schedule A)	0	0
(ii) Unitemized	9,550.00	9,550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	9,550.00	9,550.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	9,550.00	9,550.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	3,000.00	3,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	9,850.00	9,900.00
20. Total Federal Receipts (subtract Line 16 from Line 19)	9,850.00	9,900.00

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	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000	4,500
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441e(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	5,000
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	5,000
29. Other Disbursements	2,450	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	3,050	20,000
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	3,050	4,500
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	4,550	4,550
33. Total Contribution Refunds (from Line 28(d))	0	5,000
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	4,550	4,550
35. Total Federal Operating Expenditures (and Line 24(a)(i) and Line 24(b))	0	0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	0

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)
11a 11b 11c 12
13 14 15 16 17
PAGE 7 OF 7

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 to make the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Lindquist & Vennum Political Fund

A. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
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.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)
TOTAL 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)

PAGE 1 OF 1

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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) **Lindquist & Vermun Political Fund**

A. **Moe for Governor**

Full Name (Last, First, Middle Initial)

Mailing Address: **3001 Hennepin Ave. So., #C201**

City: **Minneapolis** State: **MA** Zip Code: **55408**

Purpose of Disbursement: **Contribution**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MA** District: **MA**

Date of Disbursement: **08/19/2002**

Amount of Each Disbursement this Period: **250.00**

Category/Type: **011**

B. **Anderson Re-Election Committee**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. Box 40039**

City: **St. Paul** State: **MA** Zip Code: **55104**

Purpose of Disbursement: **Contribution**

Candidate Name: **Paul Anderson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MA** District: **MA**

Date of Disbursement: **09/30/2002**

Amount of Each Disbursement this Period: **250.00**

Category/Type: **011**

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **500.00**

TOTAL This Period (last page this line number only) **500.00**

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE / OF / FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Lindquist & Vennuta Political Fund

LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code

- Primary
General
Other (specify)

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

TERMS Date Incurred Date Due Interest Rate Secured: Yes No

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

Table with 4 rows for guarantors, each containing fields for Name, Mailing Address, City, State, ZIP Code, Name of Employer, Occupation, and Amount Guaranteed Outstanding.

SUBTOTALS This Period This Page (optional)
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-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
information found on
Page ___ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In F): Lindquist & Vennium Political Fund
FEC IDENTIFICATION NUMBER: C

LENDING INSTITUTION (LENDER)
Full Name:
Amount of Loan:
Interest Rate (APR):
Mailing Address:
Date Incurred or Established:
City: State: Zip Code:
Date Due:

A. Has loan been restricted? [] No [] Yes If yes, date originally incurred:

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? [] No [] Yes If yes, specify:
What is the value of this collateral?
Does the lender have a perfected security interest in it? [] No [] Yes

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

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

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

G. COMMITTEE TREASURER
Typed Name:
Signature:
DATE:

H. Attach a signed copy of the loan agreement.
I. TO BE SIGNED BY THE LENDING INSTITUTION:
i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name:
Signature:
Title:
DATE:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full) Lindquist & Vennum Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (in full) Lindquist & Vennam Political Fund
FEC IDENTIFICATION NUMBER

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code
Date Amount
Purpose of Expenditure
Name of Federal Candidate supported or opposed by expenditure
Office Sought: House, Senate, Presidential
Check One: Support, Oppose

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code
Date Amount
Purpose of Expenditure
Name of Federal Candidate supported or opposed by expenditure
Office Sought: House, Senate, Presidential
Check One: Support, Oppose

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code
Date Amount
Purpose of Expenditure
Name of Federal Candidate supported or opposed by expenditure
Office Sought: House, Senate, Presidential
Check One: Support, Oppose

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.
Subscribed and sworn to before me this ___ day of ___
My Commission expires: ___
Signature Date
NOTARY PUBLIC

SCHEDULE F (FEC Form 3X)

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

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

PAGE 1 OF 1 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Lindquist & Vennun Political Fund

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO

If YES, name the designating committee:

Mailing Address City State ZIP Code

Form entry for the first expenditure, including fields for Full Name, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, Purpose of Expenditure, Date, and Amount.

Form entry for the second expenditure, including fields for Full Name, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, Purpose of Expenditure, Date, and Amount.

Form entry for the third expenditure, including fields for Full Name, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, Purpose of Expenditure, Date, and Amount.

SUBTOTAL of Expenditures This Page (optional) and TOTAL This Period (last page this line number only)

SCHEDULE H1 (FEC Form 3X)

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

NAME OF COMMITTEE (In Full) Lindquist & Vennum Political Fund

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)

Presidential Year (65%) _____ %

All Other Years (80%) _____ %

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (If checked, enter 65% in box to right) _____ %

OR

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal _____ %
- Estimated Direct Candidate Support -- Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support -- Federal _____ %
- Actual Direct Candidate Support -- Non-Federal _____ %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal _____ %
- Estimated Direct Candidate Support -- Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support -- Federal _____ %
- Actual Direct Candidate Support -- Non-Federal _____ %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

		NUMBER OF POINTS
1. President <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
2. U.S. Senate <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
3. U.S. Congress <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
4. SUBTOTAL -- Federal (ADD 1, 2, AND 3)		_____
5. Governor <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
6. Other Statewide Office(s) <input type="checkbox"/> (1 or 2 Points)	<input type="checkbox"/>	_____
7. State Senate <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
8. State Representative <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
9. Local Candidates <input type="checkbox"/> (1 or 2 Points)	<input type="checkbox"/>	_____
10. Extra Non-Federal Point <input type="checkbox"/> (1 Point)	<input type="checkbox"/>	_____
11. SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10)		_____
12. TOTAL POINTS (Line 4 plus Line 11)		_____
FEDERAL ALLOCATION = Line 4 divided by Line 12		_____ %

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full) Lindquist & Vennum Political Fund

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

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE (In Full) Lindquist & Vennum Political Fund

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a)

b)

c)

d)

e) Total Amount Transferred For Direct Fundraising ..

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

a)

b)

c)

d)

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

NAME OF COMMITTEE (in Full) Lindquist & Vennum Political Fund

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin/Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event		Event Year-To-Date	<input type="checkbox"/> Direct Candidate Support
Description:		Date	
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin/Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event		Event Year-To-Date	<input type="checkbox"/> Direct Candidate Support
Description:		Date	
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin/Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event		Event Year-To-Date	<input type="checkbox"/> Direct Candidate Support
Description:		Date	
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page		
FEDERAL SHARE	+	NON-FEDERAL SHARE
		= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(4) and non-Federal share to 21(a)(8))		
FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share (used for line 3e of the detailed summary page)		

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)	Lindquist & Vennum Political Fund
-----------------------------	-----------------------------------

NAME OF ACCOUNT	Covered by	From:	To:
		01/01/2000	12/31/2000

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
--	---------------------------------------	----------------------------------

RECEIPTS

(Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)

1. TOTAL RECEIPTS:		
--------------------	--	--

DISBURSEMENTS:

(Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)

2. Transfers to Federal or Allocation Account for Allocable Expenses		
--	--	--

3. Transfers to State/Local Party Organizations		
---	--	--

4. Direct State/Local Candidate Support		
---	--	--

5. Other Disbursements		
------------------------	--	--

6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)		
---	--	--

SUMMARY

7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
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8. RECEIPTS (from Line 1)		
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9. SUBTOTAL		
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10. DISBURSEMENTS (from Line 6)		
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11. ENDING CASH ON HAND		
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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>10/16/03</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
	<u>10/16/03</u>
PREPARER	DATE PREPARED

(6/2000)

2003 OCT 13 7 27 AM '03