

LINDQUIST & VENNUM P.L.L.P.RECEIVED
FED MAIL ROOM4200 IDS CENTER
80 SOUTH EIGHTH STREET
MINNEAPOLIS, MN 55402-2274
TELEPHONE: 612-371-3211
FAX: 612-371-3287IN ST. PAUL:
444 CEDAR STREET, SUITE 1700
ST. PAUL, MN 55101-3157
TELEPHONE: 612-371-3211
FAX: 612-371-3287MAY 10 A 10:03
600 17TH STREET, SUITE 1300 SOUTH
DENVER, COLORADO 80202-5441
TELEPHONE: 303-573-5900
FAX: 303-573-1955

ATTORNEYS AT LAW

www.lindquist.com

MICHAEL O. FREEMAN
612-371-3582
mfreeman@lindquist.com

May 8, 2002

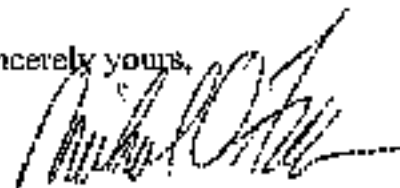
VIA FEDEXFederal Election Commission
Reports Analysis Division
999 H Street NW, Room 706
Washington, DC 20463Re: Lindquist & Vennum Political Fund
Identification Number: C00231233
Reference: April Quarterly Report (01/01/2002 - 03/31/2002)

Dear Sir/Madam:

Enclosed please find a copy of the Lindquist & Vennum Political Fund's FEC Form 3X, Report of Receipts and Disbursements. The original return was sent via U.S. Mail on April 13, 2002, and due to the delay of mail in parts of the United States, has not been received by the Federal Election Commission. Per the conversation my assistant, Sandy Peterson, had with Mr. Scott B. Walker, he suggested I resign the return and send it via FedEx.

Mr. Walker also suggested I write to inform the Commission that I have replaced Ann R. Kennedy as the Treasurer of the Lindquist & Vennum Political Fund. Please amend your records to reflect this change.

Sincerely yours,



Michael O. Freeman

MOF:smp
Enclosure

RECEIVED
FEC MAIL ROOM

2002 MAY 10 A 10 03

**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. **12FE4M5**

000231233 **030602** **N 283**

~~ANN E. KENNEDY~~ **Michael O. Freeman**

LINDQUIST & VENNUM POLITICAL FUND

4200 IDS CENTER 20 S 3TH STREET

MINNEAPOLIS MN 55402

Check if different than previously reported. (ADC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

000231233

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 Year-End 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 (12S)

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** **01** **01** **2002** through **03** **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 **04** **12** **2002**

Michael O. Freeman 5/8/02

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

2002 MAY 10 A 10 03

**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: **01 01 2002** To: **03 31 2003**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		5581.92
(b) Cash on Hand at Beginning of Reporting Period	5581.92	
(c) Total Receipts (from Line 19)	5000	5000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5631.92	5631.92
7. Total Disbursements (from Line 30)	634.61	634.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4997.31	4997.31
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name Lindquist & Vennum Political Fund

Report Covering the Period: From: 01 / 01 / 2002 To: 03 / 31 / 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)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	50.00	
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	50.00	
20. Total Federal Receipts (subtract Line 16 from Line 19)	50.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

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	3461	3461
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3461	3461
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(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	5000	5000
(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))	5000	5000
29. Other Disbursements	60000	60000
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	63461	63461
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	63461	63461
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0	0
33. Total Contribution Refunds (from Line 28(d))	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0	0
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3461	3461
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	3461	3461

**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	OF
<input 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	

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 & Vennum Political Fund
-----------------------------	-----------------------------------

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C <input type="text"/>		<input type="text"/>
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"/>		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C <input type="text"/>		<input type="text"/>
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"/>		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C <input type="text"/>		<input type="text"/>
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"/>		

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

2025 RELEASE UNDER E.O. 14176

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 & Veum Political Fund

LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Primary General Other (specify) Mailing Address City State ZIP Code

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 endorser/guarantor information. Columns include: Full Name (Last, First, Middle Initial), 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 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	OF
<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	<input type="checkbox"/> 29		

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 & Vennum Political Fund**

Full Name (Last, First, Middle Initial)

A.

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

B.

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

C.

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)

TOTAL This Period (last page this line number only)

2025 RELEASE UNDER E.O. 14176

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for information found on Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Lindquist & Vennun 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 restructured? No Yes If yes, date originally incurred

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

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

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

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

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

(Use separate schedule(s) for each line)

PAGE OF

PDF LINE NUMBER (check only one)

9 10

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of 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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of 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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of 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

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Lindquist & Vennum Political Fund	FEC IDENTIFICATION NUMBER C
---	---------------------------------------

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date	Amount	State: _____ District: _____
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date	Amount	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	
Date	Amount	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> 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, 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 granting of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 15 day of August, 2008

My Commission expires: 12 / 31 / 20

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))

NAME OF COMMITTEE (in Full) Lindquist & Vennun Political Fund Election)

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO
If YES, name the designating committee:
Full Name of Designating Committee
Mailing Address
City State ZIP Code

Form entry for the first expenditure item, including fields for Full Name of Each Payee, 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 item, including fields for Full Name of Each Payee, 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 item, including fields for Full Name of Each Payee, 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)
TOTAL This Period (last page this line number only)

Vertical text on the left margin: 11-22-01 10:23 AM 11/22/01 10:23 AM

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 (85%)
All Other Years (60%)

0%

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

0%

0%

0%

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support - Federal
Actual Direct Candidate Support - Non-Federal

0%

0%

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

0%

0%

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support - Federal
Actual Direct Candidate Support - Non-Federal

0%

0%

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

- 1. President (1 Point)
2. U.S. Senate (1 Point)
3. U.S. Congress (1 Point)
4. SUBTOTAL - Federal (ADD 1, 2, AND 3)
5. Governor (1 Point)
6. Other Statewide Office(s) (1 or 2 Points)
7. State Senate (1 Point)
8. State Representative (1 Point)
9. Local Candidates (1 or 2 Points)
10. Extra Non-Federal Point (1 Point)
11. SUBTOTAL - Non-Federal (Add 5, 6, 7, 8, 9, and 10)
12. TOTAL POINTS (Line 4 plus Line 11)

Table with 2 columns: NUMBER OF POINTS, and rows corresponding to items 1-12.

FEDERAL ALLOCATION = Line 4 divided by Line 12

0%

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

Lindquist & Vennum Political Fund

PAGE / OF /

NAME OF COMMITTEE (In Full)

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 %
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 % [] %
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 & Vennun 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)

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Type of Allocated Activity:
 Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

Description:

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Type of Allocated Activity:
 Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

Description:

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Type of Allocated Activity:
 Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

Description:

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)(1) and non-Federal share to 21(a)(2)

FEDERAL SHARE NON-FEDERAL SHARE TOTAL AMOUNT

TOTAL This Period for the Non-Federal Share (used for line 31 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 & Vennun Political Fund**

NAME OF ACCOUNT

CURRENCY PERIOD

From: [] [] [] To: [] [] []

	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)	[]	[]
8. RECEIPTS (from Line 1)	[]	[]
9. SUBTOTAL	[]	[]
10. DISBURSEMENTS (from Line 6)	[]	[]
11. ENDING CASH ON HAND	[]	[]

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 <i>5-10-02</i>
<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	
<i>dmw</i> PREPARER	<i>5-10-02</i> DATE PREPARED

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