

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

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 / 08 / 2016

DD / YYYY

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

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY
07 / 01 / 2016

DD / YYYY

YYYY

through

MM / DD / YYYY
07 / 20 / 2016

DD / YYYY

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
07 / 28 / 2016

DD / YYYY

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))....	6620.00	196809.74
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6620.00	196809.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21917.15	154759.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	359.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21917.15	154400.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35822.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	23000.00	

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: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 20 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3150.00	134026.16
(ii) Unitemized.....	1570.00	35510.67
(iii) TOTAL of contributions from individuals ▶	4720.00	169536.83
(b) Political Party Committees.....	1900.00	7400.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) The Candidate.....	0.00	9872.91
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6620.00	196809.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	11583.52
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	11583.52
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	359.20
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6620.00	208752.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21917.15	154759.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	8583.52
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	8583.52
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	3833.71	11341.70
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	25750.86	174684.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54953.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6620.00
25. SUBTOTAL (add Line 23 and Line 24).....	61573.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25750.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35822.51

**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 23
	<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)
SAMUEL ARSERS

Mailing Address 1812 SOUTHRIDGE RD

City State Zip Code
NEW ULM MN 56073

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11A1.7005

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4778 345TH AVE

City State Zip Code
MONTEVIDEO MN 56265

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

Name of Employer Occupation
THOMSON REUTERS EDITOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11A1.7016

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4778 345TH AVE

City State Zip Code
MONTEVIDEO MN 56265

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

Name of Employer Occupation
THOMSON REUTERS EDITOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A1.7032

Amount of Each Receipt this Period
50.00

Memo Item

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

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

400.00

**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 6 OF 23
	<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)
ROBERT HANSEN SR.

Mailing Address 6048 CHASEWOOD PARKWAY, APT 202

City State Zip Code
MINNETONKA MN 55343

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

Name of Employer Occupation
HANSEN ENGINE TECHNOLOGIES, IN CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11AI.7004

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 13377 SUNNYSLOPE PL

City State Zip Code
MOORPARK CA 93021

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

Name of Employer Occupation
AMGEN SR. EXECUTIVE ASSISTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2016

Transaction ID : SA11AI.7031

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4980 6TH ST

City State Zip Code
WINONA MN 55987

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

Name of Employer Occupation
KOHNER MATERIALS CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11AI.7000

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1200.00

**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 23
	<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)
FREDRICK LENZ

Mailing Address 1105 4TH STREET COURT NORTH

City State Zip Code
ST. JAMES MN 56081

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

Name of Employer Occupation
ST. JAMES BUS SERVICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11A1.7017

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HANH-HUY PHAN

Mailing Address 224 EMERSON LANE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
MINNESOTA STATE UNIVERSITY ETHNIC STUDIES DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11A1.7078

Amount of Each Receipt this Period
-500.00

Memo Item
RETURNED CHECK

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

Mailing Address 871 FORESTVILLE MEADOWS DR

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
RAPPAPORT MGMT ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11A1.7015

Amount of Each Receipt this Period
100.00

Memo Item

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

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

-150.00

**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 23
	<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)
KYLE SMITH

Mailing Address 530 S FRONT ST

City MANKATO State MN Zip Code 56001

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

Name of Employer GROWTH HOLDINGS Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11AI.7039

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 25349 615 ST

City MANTORVILLE State MN Zip Code 55955

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.7002

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 301 N 3RD ST

City TRUMAN State MN Zip Code 56088

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2016

Transaction ID : SA11AI.6991

Amount of Each Receipt this Period
200.00

Memo Item

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

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

1700.00

3150.00

**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 23
	<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)
CD1 REPUBLICAN PARTY OF MN

Mailing Address **PO BOX 4272**

City **MANKATO** State **MN** Zip Code **56002**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11B.7022

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICE COUNTY REPUBLICAN COMM

Mailing Address **PO BOX 22**

City **DUNDAS** State **MN** Zip Code **55019**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2016

Transaction ID : SA11B.7006

Amount of Each Receipt this Period
400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WINONA COUNTY REPUBLICANS

Mailing Address **PO BOX 742**

City **WINONA** State **MN** Zip Code **55987**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11B.7035

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1900.00

1900.00

**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 10 OF 23	
	<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) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 5555 HILTON AVE SUITE 106		Amount of Each Disbursement this Period 45.43
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CREDIT CARD FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MICHAEL BRYAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1500 OLD COMPTON ROAD		Amount of Each Disbursement this Period 1000.00
City HENRICO	State VA	
Zip Code 23238	Purpose of Disbursement WEB DESIGN	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2500.00
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7061
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3545.43
TOTAL 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 11 OF 23	
	<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) A. JAMES HAHN		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 226 S FRANKLIN ST		Amount of Each Disbursement this Period 2500.00
City NEW ULM	State MN	
Zip Code 56073	Purpose of Disbursement CAMPAIGN STAFF	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7069
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DOUGLAS R HITZEMANN		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 148 LYNX LN		Amount of Each Disbursement this Period 250.00
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7068
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LOOK SIGNS, INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 5635 142ND AVE NW		Amount of Each Disbursement this Period 8129.72
City RAMSEY	State MN	
Zip Code 55303	Purpose of Disbursement YARD SIGNS	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7060
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10879.72
TOTAL 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 12 OF 23	
	<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) A. LOOK SIGNS, INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 5635 142ND AVE NW		Amount of Each Disbursement this Period 200.00
City RAMSEY	State MN	
Zip Code 55303	Purpose of Disbursement SHIPPING OF YARD SIGNS	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 149.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB MANAGEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. P2B STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 4750 E 53RD ST SUITE 206		Amount of Each Disbursement this Period 4000.00
City MINNEAPOLIS	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN CONSULTANT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4349.00
TOTAL 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 13 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. KYLE PIRRON		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1400 WARREN ST APT H20		Amount of Each Disbursement this Period 1500.00
City MANKATO	State MN Zip Code 56001	
Purpose of Disbursement CAMPAIGN STAFF	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7064
State: District:		

Full Name (Last, First, Middle Initial) B. CONNOR THIELFOLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 218 S LINTON		Amount of Each Disbursement this Period 1500.00
City BLUE EARTH	State MN Zip Code 56013	
Purpose of Disbursement CAMPAIGN STAFF	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7066
State: District:		

Full Name (Last, First, Middle Initial) C.		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	<input type="checkbox"/> Memo Item
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:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	21774.15

**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 14 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. BLUE EARTH CUSTOM EMBROIDERY		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 113 S MAIN ST		Amount of Each Disbursement this Period 340.00
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement TEE SHIRTS	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB21.7056
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BLUE EARTH GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 113 NORTH MAIN ST		Amount of Each Disbursement this Period 390.90
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB21.7073
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CANADIAN HONKER EVENTS AT APACHE		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1517 16TH STREET SW		Amount of Each Disbursement this Period 1099.25
City ROCHESTER	State MN	
Zip Code 55902	Purpose of Disbursement CAMPAIGN EVENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB21.7058
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1830.15
TOTAL 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 15 OF 23
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 20 CIVIC CENTER PLAZA		Amount of Each Disbursement this Period 1496.20
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN EVENT	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.7074
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 507.36
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement CELL PHONE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.7081
State: District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

SUBTOTAL of Disbursements This Page (optional).....	2003.56
TOTAL This Period (last page this line number only).....	3833.71

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4646**

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

Mailing Address
 PO BOX 63
 City State ZIP Code
 BLUE EARTH MN 56013

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS
 Date Incurred: M 07 / D 29 / 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:

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

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4647**

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

Mailing Address
 PO BOX 63
 City State ZIP Code
 BLUE EARTH MN 56013

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
------------------------------------	------------------------------------	--

TERMS
 Date Incurred: M 07 / D 30 / Y 2014
 Date Due: M M / D D / Y Y Y 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: []

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* Memo Item
 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
------------------------------------	------------------------------------	--

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:

SUBTOTALS This Period This Page (optional).....	6000.00
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/10.5310**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JAMES HAGEDORN** *PERSONAL FUNDS* Memo Item
 Mailing Address: PO BOX 63
 Election: 2014
 Primary
 General
 Other (specify) ▼

City: BLUE EARTH State: MN ZIP Code: 56013

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS
 Date Incurred: M 10 / D 24 / Y 2014 Date Due: M / D / Y Y Y Y Interest Rate: 0.00 % (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: []

SUBTOTALS This Period This Page (optional)..... ▶ 7500.00
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/10.5627

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
JAMES HAGEDORN

Election: 2014
 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
1500.00 0.00 1500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 10 / Y 2014 M M / D D / Y Y Y Y 0.00 % (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)..... ▶ 1500.00
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/10.5633**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **JAMES HAGEDORN** Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 63
 City BLUE EARTH State MN ZIP Code 56013

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS
 Date Incurred: M 11 / D 17 / Y 2014
 Date Due: M / D / Y
 Interest Rate: 0.00 % (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: []

SUBTOTALS This Period This Page (optional).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	23000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLUE EARTH CUSTOM EMBROIDERY	Nature of Debt (Purpose): TEE SHIRTS
Mailing Address 113 S MAIN ST	
City BLUE EARTH State MN Zip Code 56013	

Outstanding Balance Beginning This Period <input type="text" value="340.00"/>	Transaction ID : SD10.6974	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="340.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLUE EARTH GRAPHICS	Nature of Debt (Purpose): PRINTING
Mailing Address 113 NORTH MAIN ST	
City BLUE EARTH State MN Zip Code 56013	

Outstanding Balance Beginning This Period <input type="text" value="390.90"/>	Transaction ID : SD10.6971	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="390.90"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CANADIAN HONKER EVENTS AT APACHE	Nature of Debt (Purpose): CAMPAIGN EVENT
Mailing Address 1517 16TH STREET SW	
City ROCHESTER State MN Zip Code 55902	

Outstanding Balance Beginning This Period <input type="text" value="1099.25"/>	Transaction ID : SD10.6972	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1099.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HILTON GARDEN INN

Mailing Address 20 CIVIC CENTER PLAZA

City State Zip Code
 MANKATO MN 56001

Nature of Debt (Purpose):
 CAMPAIGN EVENT

Outstanding Balance Beginning This Period	Transaction ID : SD10.6977	
1496.20		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1496.20	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VERIZON WIRELESS

Mailing Address PO BOX 4002

City State Zip Code
 ACWORTH GA 30101

Nature of Debt (Purpose):
 CELL PHONE

Outstanding Balance Beginning This Period	Transaction ID : SD10.6976	
507.36		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	507.36	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	0.00
2) TOTALS This Period (last page this line number only)	0.00
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) ▶	