

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
REG MAIL CENTER  
2010 JAN 25 AM 9:31

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

**MOTORCYCLE PAC OF MINNESOTA**

ADDRESS (number and street) **7160 WILLOW WLEW COVE**

Check if different than previously reported. (ACC) **CHANNASSEN** **MN** **55317**

2. FEC IDENTIFICATION NUMBER ▼ **C** CITY ▲ STATE ▲ ZIP CODE ▲

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on  /  /  in the State of

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

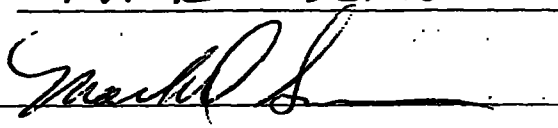
<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on  /  /  in the State of

5. Covering Period **07** / **01** / **2009** through **12** / **31** / **2009**

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 **MARK SENN**

Signature of Treasurer  Date **01** / **11** / **2010**

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										<b>FEC FORM 3X</b> Rev. 12/2004
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10030221451

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MOTORCYCLE PAC OF MINNESOTA

Report Covering the Period:

From:

07 ' 01 ' 2009

To:

12 ' 31 ' 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2009</span>		3,256.69
(b) Cash on Hand at Beginning of Reporting Period.....	3,390.49	
(c) Total Receipts (from Line 19) .....	5,816.15	1,175.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9,206.64	15,007.29
7. Total Disbursements (from Line 31).....	1,844.70	7,645.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7,361.94	7,361.94
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  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page **3**

Write or Type Committee Name

MOTORCYCLE PAC OF MINNESOTA

Report Covering the Period: From:

MM/DD/YYYY  
07/01/2009

To:

MM/DD/YYYY  
12/31/2009

**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)).....▶

	5,816.15	11,750.60
	5,816.15	11,750.60

- (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 33, page 5) .....

	5,816.15	11,750.60
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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 37, page 5).....


16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....


17. Other Federal Receipts (Dividends, Interest, etc.).....


18. Transfers from Non-Federal and Levin Funds  
(a) Non-Federal Account (from Schedule H3).....


(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

	5,816.15	11,750.60
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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

	5,816.15	11,750.60
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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,000.00	4,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	844.70	3,645.35
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,844.70	7,645.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1,844.70	7,645.35

10030221454

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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)  
**MOTORCYCLE PAC OF MINNESOTA**

**A.**

Full Name (Last, First, Middle Initial)  
**KLINE FOR CONGRESS**

Mailing Address  
**101 WEST BURNSVILLE HWY STE 104**

City **BURNSVILLE** State **MN** Zip Code **55337**

Purpose of Disbursement  
**CONTRIBUTION TO CANDIDATE**

Candidate Name  
**JOHN KLINE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **NON ELECTION YEAR**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
**08 24 2009**

Amount of Each Disbursement this Period  
**600.00**

Category/Type  
**011**

**B.**

Full Name (Last, First, Middle Initial)  
**KLINE FOR CONGRESS**

Mailing Address  
**101 WEST BURNSVILLE HWY STE 104**

City **BURNSVILLE** State **MN** Zip Code **55337**

Purpose of Disbursement  
**CONTRIBUTION TO CANDIDATE**

Candidate Name  
**JOHN KLINE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **NON ELECTION YEAR**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
**11 30 2009**

Amount of Each Disbursement this Period  
**400.00**

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).....▶ **1,000.00**

TOTAL This Period (last page this line number only).....▶ **1,000.00**

10030221455

**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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MOTORCYCLE PAC OF MINNESOTA**

Full Name (Last, First, Middle Initial)

A. <b>MERCHANT SERVICES</b>		Date of Disbursement
Mailing Address <b>7300 CHAPMAN HIGHWAY</b>		<b>07 / 10 / 2009</b>
City <b>KNOXVILLE</b>	State <b>TN</b>	Zip Code <b>37920</b>
Purpose of Disbursement <b>CREDIT CARD COMPANY FEES</b>	Category/Type <b>601</b>	Amount of Each Disbursement this Period <b>202.95</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

B. <b>AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address <b>PO BOX 30374</b>		<b>08 / 14 / 2009</b>
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84130</b>
Purpose of Disbursement <b>TRAVEL EXPENSE - AIRFARE NW AIRLINES</b>	Category/Type <b>002</b>	Amount of Each Disbursement this Period <b>336.75</b>
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:	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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)..... ▶

**539.70**

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

**539.70**

10030221456

**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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MOTORCYCLE PAC OF MINNESOTA**

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

**MERCHANT SERVICES**

MM / DD / YYYY  
**07 / 10 / 2009**

Mailing Address

**7300 CHAPMAN HIGHWAY**

City

**KNOXVILLE**

State

**TN**

Zip Code

**37920**

Purpose of Disbursement

**CREDIT CARD COMPANY FEES**

**001**  
Category/  
Type

Amount of Each Disbursement this Period

**202.95**

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

**AMERICAN EXPRESS**

MM / DD / YYYY  
**08 / 14 / 2009**

Mailing Address

**PO BOX 30374**

City

**SALT LAKE CITY**

State

**UT**

Zip Code

**84130**

Purpose of Disbursement

**TRAVEL EXPENSE - AIRFARE  
NW AIRLINES**

**002**  
Category/  
Type

Amount of Each Disbursement this Period

**336.75**

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

**539.70**

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

**539.70**

10030221457

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EA*  
PREPARER  
(3/2005)

1/25/10  
DATE PREPARED

10030221458