



**24 hour notice of independent expenditure, on :**

**FEC ID No.**

**SCHEDULE E (FEC Form 3X)**

**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
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Full Name (Last, First, Middle Initial) of Payee Spkt 93	Purpose of Expenditure Radio Ad - Norm Cole- man	Category/ Type
Mailing Address 1310 Second Street, P.O. Box 547	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Sauk Rapids MN 56378	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	
Date M N C J Y Y Y Y 10 22 2002	Transaction ID: SE24.4363 Amount 701.76	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee WJWJ	Purpose of Expenditure Radio Ad - Norm Cole- man	Category/ Type
Mailing Address P.O. Box 746	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code Brainerd MN 56401	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	
Date M N C J Y Y Y Y 10 22 2002	Transaction ID: SE24.4364 Amount 1242.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee WJON Regent Broadcasting	Purpose of Expenditure Radio Ad - Norm Cole- man	Category/ Type
Mailing Address P.O. Box 220	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code St. Cloud MN 56302	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	
Date M N C J Y Y Y Y 10 22 2002	Transaction ID: SE24.4365 Amount 4785.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>6728.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>9788.76</b>

I hereby certify, under penalty of perjury, that the information contained on this schedule was prepared by me or under my direct supervision and that I am a duly qualified elector of the State of Minnesota. I am not a candidate for any office in any election held on or after the date of this schedule. I have not received any contribution for the purpose of making or disseminating, or causing to be made or disseminated, any communication in connection with the campaign of any candidate for any office in any election held on or after the date of this schedule.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2002.

My Commission expires: \_\_\_\_\_, 2002.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY PUBLIC**