

# 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  
INDEPENDENCE PARTY OF MINNESOTA

ADDRESS (number and street) PO Box 40495  
 Check if different than previously reported. (ACC)  
St Paul MN 55104

2. **FEC IDENTIFICATION NUMBER** C00305268  
**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 Quarterly 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 (12G)  
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 2006 through 03 31 2006

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 Brian Hanf

Signature of Treasurer Electronically Filed by Brian Hanf Date 04 14 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
INDEPENDENCE PARTY OF MINNESOTA

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		19972.68
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	19972.68									
(c) Total Receipts (from Line 19) .....	9632.63	9632.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29605.31	29605.31								
7. Total Disbursements (from Line 31) .....	11105.61	11105.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18499.70	18499.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									

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**

Write or Type Committee Name  
INDEPENDENCE PARTY OF MINNESOTA

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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) .....	7340.00	7340.00
(ii) Unitemized .....	2229.85	2229.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9569.85	9569.85
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	61.35	61.35
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9631.20	9631.20
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.43	1.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9632.63	9632.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9632.63	9632.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	11105.61	11105.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11105.61	11105.61
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11105.61	11105.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11105.61	11105.61

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9631.20	9631.20
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9631.20	9631.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11105.61	11105.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11105.61	11105.61

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. Audri B Schwarz</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2006
Mailing Address 5621 Bartlett Blvd		<b>Transaction ID: SA11Ai-CN5794</b>
City Mound	State MN	Zip Code 55364
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 365.00
Name of Employer self-employed	Occupation Cleaning Services	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Terry Rae Schultz-Schec</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2006
Mailing Address 5038 Holiday Rd		<b>Transaction ID: SA11Ai-CN5830</b>
City Minnetonka	State MN	Zip Code 55345
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 360.00
Name of Employer Tom Ingstad Broadcast Group	Occupation Comptroller	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Conrad Lischeid</b>		Date of Receipt MM / DD / YYYY 01 / 09 / 2006
Mailing Address 604 Washington Ave SE #2		<b>Transaction ID: SA11Ai-CN5795</b>
City Minneapolis	State MN	Zip Code 55414
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Mapping solutions	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1090.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" 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	

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. Margaret Jeanne Welna</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 412 5th St NE		<b>Transaction ID: SA11Ai-CN5806</b>	
City State Zip Code Waseca MN 56093	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Julia Winton Dayton</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 6	
Mailing Address 1719 Franklin Ave W		<b>Transaction ID: SA11Ai-CN5839</b>	
City State Zip Code Minneapolis MN 55405	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Michael David Goldner</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 6	
Mailing Address 117 Portland Ave S Apt 702		<b>Transaction ID: SA11Ai-CN5840</b>	
City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7340.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial)  
**A.** Alger for Secretary of State

Mailing Address 5415 Nicollet Ave S

City	State	Zip Code
Minneapolis	MN	55419

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

Name of Employer	Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
61.35

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	0	6

Transaction ID: SA11C-CN5808

Amount of Each Receipt this Period  
61.35

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	61.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	61.35

# 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)

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc</b>		<b>Transaction ID: SB21b-EX2</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6	
Mailing Address 2211 No. First St		Amount of Each Disbursement this Period 3.20	
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Service Charge	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge	

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc</b>		<b>Transaction ID: SB21b-EX3</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 No. First St		Amount of Each Disbursement this Period 1.75	
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Service Charge	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge	

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc</b>		<b>Transaction ID: SB21b-EX4</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 2211 No. First St		Amount of Each Disbursement this Period 7.55	
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Service Charge	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 10 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc</b>		Transaction ID: SB21b-EX1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 2211 No. First St		Amount of Each Disbursement this Period 1.75	
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Service Charge	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge	

Full Name (Last, First, Middle Initial) <b>B. City of Anoka</b>		Transaction ID: SB21b-EX6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6	
Mailing Address 2015 First Avenue North		Amount of Each Disbursement this Period 50.00	
City Anoka State MN Zip Code 55303	Purpose of Disbursement Solicitation and Fundraising Expenses	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Solicitation and Fundraising Expenses	

Full Name (Last, First, Middle Initial) <b>C. City of Anoka</b>		Transaction ID: SB21b-EX18 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 2015 First Avenue North		Amount of Each Disbursement this Period 50.00	
City Anoka State MN Zip Code 55303	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	101.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

<b>A. Local Motion</b> Full Name (Last, First, Middle Initial) Mailing Address City: Minneapolis State: MN Zip Code: 55426 Purpose of Disbursement: Administrative/Salary/Overhead Expenses Candidate Name:		<b>Transaction ID:</b> SB21b-EX7 <b>Date of Disbursement:</b> 01 / 16 / 2006 Amount of Each Disbursement this Period: 150.00 Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001

<b>B. Local Motion</b> Full Name (Last, First, Middle Initial) Mailing Address City: Minneapolis State: MN Zip Code: 55426 Purpose of Disbursement: Administrative/Salary/Overhead Expenses Candidate Name:		<b>Transaction ID:</b> SB21b-EX8 <b>Date of Disbursement:</b> 01 / 30 / 2006 Amount of Each Disbursement this Period: 461.25 Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001

<b>C. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address City: Minneapolis State: MN Zip Code: 55407 Purpose of Disbursement: Administrative/Salary/Overhead Expenses Candidate Name:		<b>Transaction ID:</b> SB21b-EX9 <b>Date of Disbursement:</b> 01 / 24 / 2006 Amount of Each Disbursement this Period: 49.60 Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	660.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 12 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. John Vinje</b>		Transaction ID: SB21b-EX10 Date of Disbursement 02 / 06 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Anoka	State MN	Zip Code 55303	57.36
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/ Type 001	Administrative/Salary/Ove- head Expenses
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"/> Other (specify) ▼	2006 <input checked="" type="checkbox"/> General	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. John Vinje</b>		Transaction ID: SB21b-EX19 Date of Disbursement 02 / 16 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Anoka	State MN	Zip Code 55303	26.73
Purpose of Disbursement Solicitation and Fundraising Expenses		Category/ Type 003	Solicitation and Fundrais- ing Expenses
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"/> Other (specify) ▼	2006 <input checked="" type="checkbox"/> General	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. John Vinje</b>		Transaction ID: SB21b-EX34 Date of Disbursement 03 / 21 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Anoka	State MN	Zip Code 55303	100.34
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/ Type 001	Administrative/Salary/Ove- head Expenses
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"/> Other (specify) ▼	2006 <input checked="" type="checkbox"/> General	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	184.43
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. Integera Telecom</b>		<b>Transaction ID:</b> SB21b-EX11 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period <b>233.18</b>
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Administrative/Salary/Ove- rhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Integera Telecom</b>		<b>Transaction ID:</b> SB21b-EX24 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period <b>329.16</b>
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Administrative/Salary/Ove- rhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. G &amp; L Insurance Group</b>		<b>Transaction ID:</b> SB21b-EX12 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period <b>533.00</b>
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Administrative/Salary/Ove- rhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1095.34</b>
<b>TOTAL</b> 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 14 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. Trail Blazer Campaign Services, Inc</b>		<b>Transaction ID:</b> SB21b-EX14 Date of Disbursement
Mailing Address 5115 Excelsior Blvd Suite 103		<input type="text" value="02"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Minneapolis	State MN	Zip Code 55416
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="214.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Administrative/Salary/Ove- rhead Expenses
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Trail Blazer Campaign Services, Inc</b>		<b>Transaction ID:</b> SB21b-EX32 Date of Disbursement
Mailing Address 5115 Excelsior Blvd Suite 103		<input type="text" value="03"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Minneapolis	State MN	Zip Code 55416
Purpose of Disbursement Solicitation and Fundraising Expenses		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="240.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Solicitation and Fundrais- ing Expenses
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Paul Nelson Studio</b>		<b>Transaction ID:</b> SB21b-EX15 Date of Disbursement
Mailing Address		<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Minneapolis	State MN	Zip Code 55409
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="485.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Administrative/Salary/Ove- rhead Expenses
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="939.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 15 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. Paul Nelson Studio</b>		Transaction ID: SB21b-EX25 Date of Disbursement 03 / 01 / 2006
Mailing Address		Amount of Each Disbursement this Period 485.00
City Minneapolis	State MN	
Zip Code 55409	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Administrative/Salary/Overhead Expenses
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paul Nelson Studio</b>		Transaction ID: SB21b-EX36 Date of Disbursement 03 / 23 / 2006
Mailing Address		Amount of Each Disbursement this Period 485.00
City Minneapolis	State MN	
Zip Code 55409	Purpose of Disbursement Advertising Expenses	Advertising Expenses
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. John David Hutcheson</b>		Transaction ID: SB21b-EX16 Date of Disbursement 02 / 16 / 2006
Mailing Address		Amount of Each Disbursement this Period 180.00
City Minneapolis	State MN	
Zip Code 55409	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Administrative/Salary/Overhead Expenses
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1150.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. John David Hutcheson</b>		Transaction ID: SB21b-EX27 Date of Disbursement 03 / 21 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Minneapolis	State MN	Zip Code 55409	237.52
Purpose of Disbursement Solicitation and Fundraising Expenses		003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		Sollicitation and Fundrais- ing Expenses	

Full Name (Last, First, Middle Initial) <b>B. John David Hutcheson</b>		Transaction ID: SB21b-EX33 Date of Disbursement 03 / 21 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Minneapolis	State MN	Zip Code 55409	8.55
Purpose of Disbursement Administrative/Salary/Overhead Expenses		001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		Administrative/Salary/Ove- rhead Expenses	

Full Name (Last, First, Middle Initial) <b>C. Rob Rossi</b>		Transaction ID: SB21b-EX17 Date of Disbursement 02 / 16 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Minneapolis	State MN	Zip Code 55409	38.37
Purpose of Disbursement Administrative/Salary/Overhead Expenses		001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		Administrative/Salary/Ove- rhead Expenses	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	284.44
<b>TOTAL</b> 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 17 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. Cartridge Care</b>		<b>Transaction ID:</b> SB21b-EX20 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 105.00
City Minneapolis	State MN	
Zip Code 55409	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Administrative/Salary/Ove- rhead Expenses
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. AI Rothering</b>		<b>Transaction ID:</b> SB21b-EX21 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 100.00
City	State	
Zip Code	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Administrative/Salary/Ove- rhead Expenses
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. A to Z Lock and Key</b>		<b>Transaction ID:</b> SB21b-EX22 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 148.17
City Minneapolis	State MN	
Zip Code 55409	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Administrative/Salary/Ove- rhead Expenses
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>353.17</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

<b>A. IBM</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		<b>Transaction ID:</b> SB21b-EX23 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name		Amount of Each Disbursement this Period 244.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- head Expenses

<b>B. Ink Pool</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		<b>Transaction ID:</b> SB21b-EX26 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name		Amount of Each Disbursement this Period 60.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- head Expenses

<b>C. Ink Pool</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		<b>Transaction ID:</b> SB21b-EX29 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name		Amount of Each Disbursement this Period 297.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- head Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	603.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 19 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

Full Name (Last, First, Middle Initial) <b>A. District 877 Community Education</b>		<b>Transaction ID:</b> SB21b-EX28 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period <b>30.00</b>
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Administrative/Salary/Overhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Tamden Printing</b>		<b>Transaction ID:</b> SB21b-EX30 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period <b>640.93</b>
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Administrative/Salary/Overhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Michael Burger</b>		<b>Transaction ID:</b> SB21b-EX31 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period <b>50.00</b>
City	State Zip Code	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Administrative/Salary/Overhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>720.93</b>
<b>TOTAL</b> 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 20 / 20

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

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NAME OF COMMITTEE (In Full)  
INDEPENDENCE PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial)  
St Paul Saints

Mailing Address

City State Zip Code

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21b-EX35  
Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Administrative/Salary/Overhead Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

11105.61