

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

DATE FILED FEB 24 11:46

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

Lindquist & Vennun Political Fund

ADDRESS (number and street) 80 South Eighth Street, 4200 IDS Center Minneapolis, MN 55402 Check if different than previously reported (ADC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 000231233

3. IS THIS REPORT NEW OR AMENDED (A) (B) (C) (D) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-elections Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) R runoff (12R) Convention (12C) Special (12S) (d) 30-Day POST-Election Report for the: General (30G) R runoff (30R) Special (30S)

5. Covering Period 4/1/2003 through 12/31/2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Michael O. Freeman Signature of Treasurer [Signature] Date 01/30/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §1876.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Lindquist & Vennum Political Fund

Report Covering the Period:

From:

07 01 2003

To:

12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003		9,697.31
(b) Cash on Hand at Beginning of Reporting Period	8,327.71	
(c) Total Receipts (from Line 19)	300.00	300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8,627.71	9,997.31
7. Total Disbursements (from Line 31)	2,175.00	3,544.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,452.71	6,452.71
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	0
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0	0

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 Disbursements

FEC Form 3X (Rev. 02/2003)

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	0	
(ii)	Non-Federal Share	0	
(b)	Other Federal Operating Expenditures	0	
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	
22	Transfers to Affiliated/Other Party Committees	0	
23	Contributions to Federal Candidates/Committees and Other Political Committees	350.00	350.00
24	Independent Expenditures (use Schedule E)	0	
25	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	
26	Loan Repayments Made	0	
27	Loans Made	0	
28	Refunds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	0	
(b)	Political Party Committees	0	
(c)	Other Political Committees (such as PACs)	0	
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	
29	Other Disbursements	1,825.00	3,194.60
30	Federal Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity (from Schedule H4)		
(i)	Federal Share	0	
(ii)	"Levin" Share	0	
(b)	Federal Election Activity Paid Entirely With Federal Funds	0	
(c)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	
31	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2,175.00	3,544.60
32	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,175.00	

DETAILED SUMMARY PAGE
of Disbursements

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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)	1,234,567.89	1,234,567.89
34. Total Contribution Refunds (from Line 25(d))	123,456.78	123,456.78
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,111,111.11	1,111,111.11
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	2,345,678.90	2,345,678.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	123,456.78	123,456.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,222,222.12	2,222,222.12

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBERS: (check only one)			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12			
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

NAME OF COMMITTEE (in Full)

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (total page the line numbers 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 1 OF 1	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 28	<input type="checkbox"/> 34	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 27	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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 contributions from such committees.

NAME OF COMMITTEE (In Full) Lindquist & Vennum Political Fund

A.

Full Name (Last, First, Middle Initial) Oberstar, Jim

Mailing Address 7365 Rayburn House Office Bldg

City Washington DC State DC Zip Code 20515

Purpose of Disbursement Contribution Category Type 011

Candidate Name Jim Oberstar

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State MA District:

Date of Disbursement 10 Oct 2003

Amount of Each Disbursement this Period 100.00

B.

Full Name (Last, First, Middle Initial) Dayton, Mark

Mailing Address 344 Russell Senate Office Bldg

City Washington DC State DC Zip Code 20510-2305

Purpose of Disbursement Contribution Category Type 011

Candidate Name Mark Dayton

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State MA District:

Date of Disbursement 12 16 2003

Amount of Each Disbursement this Period 250.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 350.00

TOTAL This Period (use page 1's line number only) 350.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (in Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS Date Incurred Date Due Interest Rate Security:
 Yes No

List All Employers 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) ...

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-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary to
information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C
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LENDING INSTITUTION (LENDER) Full Name	Amount of Loan \$	Interest Rate (APR) %
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Mailing Address	Date Incurred or Established
City State Zip Code	Date Due

A. Has loan been restructured? No Yes If yes, date originally incurred

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

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

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

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

A depository account must be established pursuant to 11 CFR 100.32(e)(2) and 100.342(e)(2).
Date account established: Location of account:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

(Use separate
schedules)
for each
numbered line)

PAGE 1 OF 10
FOR LINE NUMBER:
(check only one)

Excluding Loans

NAME OF COMMITTEE (In Full)

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) SUBTOTALS This Period This Page (optional) _____ ▶
- 2) TOTALS This Period (last page this line number only) _____ ▶
- 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) _____ ▶
- 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2/19/04
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JA</i> PREPARER	2/19/04 DATE PREPARED