

# 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  
MINNESOTA-COLEMAN VICTORY COMMITTEE

ADDRESS (number and street) 7315 Wisconsin Avenue  
Suite 310 East  
 Check if different than previously reported. (ACC)  
Bethesda MD 20814

2. **FEC IDENTIFICATION NUMBER** C00436428  
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 2008 through 03 31 2008

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 Anthony G. Sutton

Signature of Treasurer Electronically Filed by Anthony G. Sutton Date 11 10 2008

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 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MINNESOTA-COLEMAN VICTORY COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		16370.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	16370.00									
(c) Total Receipts (from Line 19) .....	213330.00	213330.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	229700.00	229700.00								
7. Total Disbursements (from Line 31) .....	205076.41	205076.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24623.59	24623.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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  
MINNESOTA-COLEMAN VICTORY COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	190950.00	190950.00
(i) Itemized (use Schedule A) .....	1380.00	1380.00
(ii) Unitemized .....	192330.00	192330.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	21000.00	21000.00
(c) Other Political Committees (such as PACs) .....	213330.00	213330.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	213330.00	213330.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	213330.00	213330.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	69086.07	69086.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	69086.07	69086.07
22. Transfers to Affiliated/Other Party Committees.....	107765.34	107765.34
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	28225.00	28225.00
(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 28(a), (b), and (c)).....	28225.00	28225.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	205076.41	205076.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	205076.41	205076.41

**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 .....	213330.00	213330.00
34. Total Contribution Refunds (from Line 28(d)) .....	28225.00	28225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	185105.00	185105.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69086.07	69086.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	69086.07	69086.07

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mike Arends

Mailing Address 175 Meadow Lane

City State Zip Code  
Long Lake MN 55356

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
IMI's MN Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2008

**Transaction ID:** SA11AI.4776

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles L. Barry

Mailing Address 8477 Bay Colony Drive #802

City State Zip Code  
Naples FL 34108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 06 / 2008

**Transaction ID:** SA11AI.4837

Amount of Each Receipt this Period 10000.00

**C.**

Full Name (Last, First, Middle Initial)  
David C. Bell

Mailing Address 15424 80th Avenue, North

City State Zip Code  
Maple Grove MN 55311

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Phygen Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2008

**Transaction ID:** SA11AI.4736

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 11000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) George Benz		Date of Receipt	
	Mailing Address 42191 North 11th Place		M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4718
	Scottsdale	AZ	85262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		2000.00	
	Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard T. Burke		Date of Receipt	
	Mailing Address 6011 East Naumann Drive		M M / D D / Y Y Y Y Y 0 3 / 1 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4858
	Paradise Valley	AZ	85253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		10000.00	
	Name of Employer Self-Employed		Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Cleveland		Date of Receipt	
	Mailing Address 120 South 6th Street		M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4750
	Minneapolis	MN	55402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
	Name of Employer Fish Creek Ventures		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Joe B. Cox

Mailing Address 1185 Immokalee Road  
Suite 110

City State Zip Code  
Naples FL 34110

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cox & Nici Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 29 / 2008

**Transaction ID:** SA11AI.4699

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Daffer

Mailing Address 9220 James Avenue, South

City State Zip Code  
Bloomington MN 55431

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sybaritic, Inc. Owner

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
01 / 15 / 2008

**Transaction ID:** SA11AI.4808

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
J. Robert Dailey

Mailing Address 13 Stone Hill Drive, North

City State Zip Code  
Manhasset NY 11030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 15 / 2008

**Transaction ID:** SA11AI.4772

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33  
(check only one)

<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)  
**MINNESOTA-COLEMAN VICTORY COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Dale</p> <p>Mailing Address 1450 Harbor Drive</p> <p>City State Zip Code <b>Wayzata MN 55391</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer ATS Medical Inc.</p> <p>Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 15 / 2008</span></p> <p><b>Transaction ID: SA11AI.4800</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Lou Dasburg</p> <p>Mailing Address 2699 South Bayshore Drive</p> <p>City State Zip Code <b>Miami FL 33133</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Homemaker</p> <p>Occupation Homemaker</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 27 / 2008</span></p> <p><b>Transaction ID: SA11AI.4818</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) John H. Dassburg</p> <p>Mailing Address 2699 South Bayshore Drive</p> <p>City State Zip Code <b>Miami FL 33133</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Astar Air Cargo</p> <p>Occupation Chairman &amp; Ceo</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 27 / 2008</span></p> <p><b>Transaction ID: SA11AI.4820</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">20250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara M. Everist	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 709 East Tomar Road	<b>Transaction ID:</b> SA11AI.4703
	City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David R. Frauenschuh	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 6401 Indian Hills Road	<b>Transaction ID:</b> SA11AI.4701
	City State Zip Code Edina MN 55439	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Frauenschuh Companies Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eugene Frey	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4101 Gulf Shore Boulevard, North PH#2	<b>Transaction ID:</b> SA11AI.4684
	City State Zip Code Naples FL 34103	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 33						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene Frey	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4101 Gulf Shore Boulevard, North PH#2	<b>Transaction ID:</b> SA11AI.4696
	City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Frey	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4101 Gulf Shore Boulevard North PH #2	<b>Transaction ID:</b> SA11AI.4687
	City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Frey	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4101 Gulf Shore Boulevard North PH #2	<b>Transaction ID:</b> SA11AI.4695
	City Naples State FL Zip Code 34103	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Al Gady  
 Mailing Address 6428 Timber Road  
 City Edina State MN Zip Code 55439  
 Date of Receipt 01 / 15 / 2008  
**Transaction ID:** SA11AI.4762  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael B. Gorman  
 Mailing Address 5100 Mirror Lakes Drive  
 City Edina State MN Zip Code 55436  
 Date of Receipt 03 / 06 / 2008  
**Transaction ID:** SA11AI.4830  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 3M Occupation Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Vernon Heath  
 Mailing Address 7900 Xerxes Avenue South #930  
 City Bloomington State MN Zip Code 55431  
 Date of Receipt 01 / 15 / 2008  
**Transaction ID:** SA11AI.4722  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Pine, LLC Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 13 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gary Holmes

Mailing Address 500 Washington Avenue S  
Suite 3000

City State Zip Code  
Minneapolis MN 55415

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

Name of Employer Occupation  
CSM Corporation President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** SA11AI.4876

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
David Huber

Mailing Address 9664 Mashie Court

City State Zip Code  
Naples FL 34108

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** SA11AI.4810

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Betty W. Johnson

Mailing Address 108 Edgerstoune Road

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2008

**Transaction ID:** SA11AI.4828

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **21000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<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

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Esther Kellogg	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 339 Mount Curve Boulevard	<b>Transaction ID:</b> SA11AI.4742
	City State Zip Code St. Paul MN 55105	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodger Kemp	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 1500 Bridgewater Road	<b>Transaction ID:</b> SA11AI.4790
	City State Zip Code Golden Valley MN 55422	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA Healthcare Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert A. Kerbell	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 214 South Portland	<b>Transaction ID:</b> SA11AI.4814
	City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 10400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lorman Learning Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 33  
(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Robert C. Klas

Mailing Address 892 Marie Avenue West

City State Zip Code  
St. Paul MN 55118

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

Name of Employer Occupation  
The Tapemark Company Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** SA11AI.4812

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Krier

Mailing Address 10013 Chowen Ave S

City State Zip Code  
Bloomington MN 55431

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

Name of Employer Occupation  
Step toe & Johnson LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2008

**Transaction ID:** SA11AI.4748

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Neil N. Lapidus

Mailing Address 2200 Hollybush Road

City State Zip Code  
Medina MN 55340

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

Name of Employer Occupation  
Lurie, Besikof, Lapidus & Co. Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

**Transaction ID:** SA11AI.4705

Amount of Each Receipt this Period  
4600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 33  
(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Calvin Larson		Date of Receipt MM / DD / YYYY 01 / 15 / 2008
Mailing Address 316 East Cherry		<b>Transaction ID:</b> SA11AI.4778
City Fergus Falls	State MN	Zip Code 56537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer State of Minnesota	Occupation Senator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Lisa McGinn		Date of Receipt MM / DD / YYYY 01 / 15 / 2008
Mailing Address 1451 Blackhawk Lake Drive		<b>Transaction ID:</b> SA11AI.4734
City Eagan	State MN	Zip Code 55122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Sally W. McGuire		Date of Receipt MM / DD / YYYY 03 / 17 / 2008
Mailing Address 33 Bello Drive		<b>Transaction ID:</b> SA11AI.4859
City Edina	State MN	Zip Code 55439
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10000.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Alvin E. McQuinn	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 1551 Gulf Shore Boulevard South	<b>Transaction ID:</b> SA11AI.4689
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Quin Star Investments Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Laura Merickel	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 5083 Alameda Avenue	<b>Transaction ID:</b> SA11AI.4788
	City State Zip Code Shoreview MN 55126	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation State of Minnesota Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marina Morris	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 32 Evergreen Road	<b>Transaction ID:</b> SA11AI.4724
	City State Zip Code Dellwood MN 55110	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth R. Murray		Date of Receipt
	Mailing Address 8665 Bay Colony Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Naples	FL	34108
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Retired		Occupation Retired	Transaction ID: SA11AI.4682
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 4600.00	<input type="text"/> 4600.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Curtis Carlson Nelson		Date of Receipt
	Mailing Address 1555 Linner Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wayzata	MN	55391
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Carlson Hospital		Occupation President	Transaction ID: SA11AI.4827
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 10000.00	<input type="text"/> 10000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Marjorie Nelson		Date of Receipt
	Mailing Address 1555 Linner Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mendota Heights	MN	55118
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Homemaker		Occupation Homemaker	Transaction ID: SA11AI.4825
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 10000.00	<input type="text"/> 10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 24600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 33  
(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ford J. Nicholson

Mailing Address 54 Peninsula Road

City State Zip Code  
Dellwood MN 55110

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

Name of Employer Occupation  
PAN Inc. Private Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2008

**Transaction ID:** SA11AI.4794

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd Nicholson

Mailing Address 76 Dellwood Avenue

City State Zip Code  
Dellwood MN 55110

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

Name of Employer Occupation  
Litho Express Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2008

**Transaction ID:** SA11AI.4806

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger D. O'Shaughnessy

Mailing Address 1265 Bracketts Point Road

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Occupation  
Cardinal Glass Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** SA11AI.4875

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard G. Pepin	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 2950 Dean Parkway #2503	<b>Transaction ID:</b> SA11AI.4691
	City State Zip Code Minneapolis MN 55416	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marvin Pomerantz	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 4700 Westown Parkway Suite 303	<b>Transaction ID:</b> SA11AI.5439
	City State Zip Code West Des Moines IA 50266	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Earmark: Republican Jewish Coalition PAC
	Name of Employer Mid-America Group Occupation Chairman & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn C. Powers	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 2012 The Strand	<b>Transaction ID:</b> SA11AI.4864
	City State Zip Code Manhattan Beach CA 90266-4559	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 33  
(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
William C. Powers

Mailing Address 2012 The Strand

City State Zip Code  
Manhattan Beach CA 90266

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

Name of Employer PIMCO Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2008

Transaction ID: SA11AI.4855

Amount of Each Receipt this Period  
4600.00

**B.**

Full Name (Last, First, Middle Initial)  
Paula Jean Prah

Mailing Address 2455 County Road 24

City State Zip Code  
Long Lake MN 55356

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

Name of Employer Best Buy Occupation Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 27 / 2008

Transaction ID: SA11AI.4816

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Joanne V. Reiling

Mailing Address 4351 Gulfshore Boulevard, North  
6 North Lerivage

City State Zip Code  
Napels FL 34103

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 29 / 2008

Transaction ID: SA11AI.4697

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 33  
(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
William S. Reiling

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Mailing Address 4351 Gulfshore Boulevard, North  
6 North Lerville

Transaction ID: SA11AI.4707

City Naples State FL Zip Code 34105

Amount of Each Receipt this Period  
1000.00

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

Name of Employer Sunrise Community Bank Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeannine M. Rivet

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2008

Mailing Address 4305 Trillium Way

Transaction ID: SA11AI.4852

City Minnetrista State MN Zip Code 55364

Amount of Each Receipt this Period  
10000.00

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

Name of Employer United Health Group Occupation Health Care Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

**C.**

Full Name (Last, First, Middle Initial)  
Noah Rouen

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2008

Mailing Address 2911 Harriett Avenue

Transaction ID: SA11AI.4786

City Minneapolis State MN Zip Code 55408

Amount of Each Receipt this Period  
250.00

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

Name of Employer Self-Employed Occupation Candidate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Janice Sweeney

Mailing Address 1865 Summit Avenue

City State Zip Code  
St. Paul MN 55105

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.4760

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Chuck Terzian

Mailing Address 3871 Lilac Lane

City State Zip Code  
Woodbury MN 55129

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

Name of Employer Occupation  
Allina Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.4756

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Randall D. Young

Mailing Address 2778 Jackson Street

City State Zip Code  
Little Canada MN 55117

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

Name of Employer Occupation  
MN Assn. for Rural Teleco- President/ CEO  
mm.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.4780

Amount of Each Receipt this Period  
250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 33  
(check only one)

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Ronald J. Zenk

Mailing Address 5720 Merry Lane

City	State	Zip Code
Shorewood	MN	55331

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

Name of Employer  
Humanetics Corp

Occupation  
CEO

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.4798

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	190950.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 33  
(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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 8

**Transaction ID:** SA11C.4710

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
BEST BUY CO. INC EMPLOYEE POLITICAL FORUM

Mailing Address 7601 Penn Avenue South

City State Zip Code  
Richfield MN 55423

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 8

**Transaction ID:** SA11C.4822

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
BOWLING PROPRIETORS ASSOCIATION OF AMERICA, INC. PAC

Mailing Address 615 Six Flags Drive  
PO BOX 5802

City State Zip Code  
Arlington TX 76005

FEC ID number of contributing federal political committee. **C** C00079855

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

**Transaction ID:** SA11C.4862

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 33  
(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

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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)		Date of Receipt
	Mailing Address 50 F Street NW Suite 100		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.	<input type="text" value="C00345132"/>	Transaction ID: SA11C.4833
Name of Employer	Occupation	Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>	
		SEE EARMARKED ITEM	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="21000.00"/>

# 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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) 3 Dog Consulting, LTD Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) 3 Dog Consulting, LTD Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4714 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 6395.50
<b>C.</b>	Full Name (Last, First, Middle Initial) 3 Dog Consulting, LTD Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4848 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 4194.80

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13090.30</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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) 3 Dog Consulting, LTD <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 4214.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address 1909 K Street, NW <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 462.26
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address 1909 K Street, NW <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement E-Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4681.26

**TOTAL** 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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Huckaby Davis Lisker  Mailing Address 228 South Washington Street Suite 115  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Compliance Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period  3778.64
<b>B.</b>	Full Name (Last, First, Middle Initial) Pinnacle Direct, Inc.  Mailing Address 15260 113th Street, North  City Stillwater State MN Zip Code 55082  Purpose of Disbursement Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4679 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period  225.09
<b>C.</b>	Full Name (Last, First, Middle Initial) Sentient Flight Group  Mailing Address 6 International Drive  City Rye Brook State NY Zip Code 10573  Purpose of Disbursement Airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4716 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period  21348.83

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>25352.56</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 30 / 33

<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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) University Club of Saint Paul <hr/> Mailing Address 420 Summit Avenue <hr/> City Saint Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement Facility Rental & Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4823 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 24058.20 <hr/> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) University Club of Saint Paul <hr/> Mailing Address 420 Summit Avenue <hr/> City Saint Paul State MN Zip Code 55102 <hr/> Purpose of Disbursement Facility Rental & Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4850 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1721.25 <hr/> Category/ Type 007

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

25779.45

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

68903.57

**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 type="checkbox"/> 21b	<input checked="" 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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

A.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB22.4878 Date of Disbursement 03 / 31 / 2008
	Mailing Address 680 Transfer Road Suite A	Amount of Each Disbursement this Period 23807.40
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement Transfer of Net Proceeds Candidate Name Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	008 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF MINNESOTA	Transaction ID: SB22.4879 Date of Disbursement 03 / 31 / 2008
	Mailing Address 525 PARK STREET SUITE 250	Amount of Each Disbursement this Period 83957.94
	City ST PAUL State MN Zip Code 55103	
	Purpose of Disbursement Transfer of Net Proceeds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	008 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

107765.34

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

107765.34

**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 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 checked="" 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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vernon Heath</p> <p>Mailing Address 7900 Xerxes Avenue South #930</p> <p>City Bloomington State MN Zip Code 55431</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4846</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marilyn Nelson</p> <p>Mailing Address 301 Carlson Parkway Suite 275</p> <p>City Minnetonka State MN Zip Code 55305</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4845</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4600.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marjorie Nelson</p> <p>Mailing Address 1555 Linner Road</p> <p>City Mendota Heights State MN Zip Code 55118</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4869</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>

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

**TOTAL** 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 33 / 33

<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 checked="" 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)  
MINNESOTA-COLEMAN VICTORY COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Rosie Owens

Transaction ID: SB28A.4847

Date of Disbursement

Mailing Address 1070 Ferndale Road, W

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	8

City State Zip Code  
Wayzata MN 55391

Amount of Each Disbursement this Period

3625.00
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Purpose of Disbursement  
Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3625.00
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TOTAL This Period (last page this line number only) ..... ►

28225.00
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