

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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2004 DEC 15 A 11:24

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: if typing, type over the lines. 12FE4M5 Taxpayers League of Minnesota Liberty Fund

ADDRESS (number and street) P.O. Box 130353 St. Paul MN 55113-0003

2. FEC IDENTIFICATION NUMBER 000339473 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on [] / [] / [] In the State of [] (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on 11 / 02 / 2004 In the State of MN

5. Covering Period 10 / 12 / 2004 through 11 / 22 / 2004

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 Marleen Smith

Signature of Treasurer [Signature] Date 12 / 02 / 2004

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

Taxpayers League of Minnesota Liberty Fund

Report Covering the Period: From: **10** ' **14** ' **2004** To: **11** ' **22** ' **2004**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		6.67
(b) Cash on Hand at Beginning of Reporting Period.....	1,041.50	
(c) Total Receipts (from Line 19).....	26,835.00	33,755.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27,876.50	33,761.67
7. Total Disbursements (from Line 31).....	23,967.97	29,853.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23,967.97	3,908.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	29,677.50	

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

Taxpayers League of Minnesota Liberty Fund

Report Covering the Period: From: **10** ' **11** ' **2004** To: **11** ' **22** ' **2004**

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	261,000.00	323,500.00
(b) Itemized (use Schedule A)	7,350.00	14,050.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))	268,350.00	337,550.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	268,350.00	337,550.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	268,350.00	337,550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	268,350.00	337,550.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	2827	23844
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2827	23844
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	49500	617000
24. Independent Expenditures (use Schedule E)	2344470	2344470
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2396797	2985314
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2396797	2985314

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	268,350.00	337,550.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	268,350.00	337,550.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	2,827	23,849
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,827	23,849

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

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

FOR LINE NUMBER: PAGE 1 OF 4

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial)
Hedberg, John W. + Jean

Mailing Address
4812 Lakeview Dr.

City Edina State MN Zip Code 55424

FEC ID number of contributing federal political committee. C

Name of Employer
Retired

Occupation
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
20000

Date of Receipt
10 / 18 / 2004

Amount of Each Receipt this Period
20000

B. Full Name (Last, First, Middle Initial)
Herrington, Gerry + Mary Ann

Mailing Address
1731 Innsbruck Pkwy

City Columbia Heights State MN Zip Code 55421

FEC ID number of contributing federal political committee. C

Name of Employer
RE Development + Mgmt - Self-Employed

Occupation
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
20000

Date of Receipt
10 / 18 / 2004

Amount of Each Receipt this Period
20000

C. Full Name (Last, First, Middle Initial)
Wigley, Michael R.

Mailing Address
PO Box 376, 1035 Tonkawa Rd

City Long Lake State MN Zip Code 55356

FEC ID number of contributing federal political committee. C

Name of Employer
Great Plains Co

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
500000

Date of Receipt
10 / 19 / 2004

Amount of Each Receipt this Period
500000

SUBTOTAL of Receipts This Page (optional) 540000

TOTAL This Period (last page this line number only) 540000

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

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

FOR LINE NUMBER: PAGE 2 OF 4
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)
Taxpayers League of Minnesota Liberty Fund

Full Name (Last, First, Middle Initial)
A. Wigley, Barbara A.

Date of Receipt
10 / 19 / 2004

Mailing Address
P.O. Box 376, 1035 Tonkawa Rd

Amount of Each Receipt this Period
500,000

City Long Lake State MN Zip Code 55356

FEC ID number of contributing federal political committee
C

Name of Employer
Home maker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 500,000

Full Name (Last, First, Middle Initial)
B. Kendrick, Mrs. Randy P.

Date of Receipt
10 / 25 / 2004

Mailing Address
3964 Paradise View Dr.

Amount of Each Receipt this Period
200,000

City Paradise Valley State AZ Zip Code 85253

FEC ID number of contributing federal political committee
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 200,000

Full Name (Last, First, Middle Initial)
C. CUMMINS, Bob P.

Date of Receipt
10 / 25 / 2004

Mailing Address
18850 Northome Blvd.

Amount of Each Receipt this Period
500,000

City Deephaven State MN Zip Code 55391

FEC ID number of contributing federal political committee
C

Name of Employer Primera Tech Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 500,000

SUBTOTAL of Receipts This Page (optional) 1,200,000
TOTAL This Period (last page this line number only) 1,200,000

**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 3 OF 4
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15a	<input type="checkbox"/> 15b
	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in full)
Taxpayers League of Minnesota Liberty Fund

Full Name (Last, First, Middle Initial) A. Cummins, Joan		Date of Receipt 10/25/2004
Mailing Address 18850 Northome Blvd.		Amount of Each Receipt this Period 5000.00
City Deephaven	State Zip Code MN 55391	
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation Home maker	
Receipt For: <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. Ryan, Patrick G.		Date of Receipt 10/25/2004
Mailing Address 15170 Boulder Pointe Rd		Amount of Each Receipt this Period 1000.00
City Eden Prairie	State Zip Code MN 55347	
FEC ID number of contributing federal political committee C		
Name of Employer Ryan Co.	Occupation Exec.	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Dustes, Gregory		Date of Receipt 10/29/2004
Mailing Address 4625 Xene Lane N.		Amount of Each Receipt this Period 1000.00
City Plymouth	State Zip Code MN 55446	
FEC ID number of contributing federal political committee C		
Name of Employer TCF Financial Corp	Occupation Banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
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 <u>4</u> OF <u>4</u>
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial)
Nordlie, James S.

Mailing Address
P.O. Box 3583

City Minneapolis State MN Zip Code 55403

FEC ID number of contributing federal political committee.
C

Name of Employer
Bayview Investment Real Estate Investor

Occupation
Real Estate Investor

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
500.00

Date of Receipt
10/29/2004

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Allen, Gene W.

Mailing Address
118 White Oaks Lane

City Vadnais Heights State MN Zip Code 55127

FEC ID number of contributing federal political committee.
C

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
200.00

Date of Receipt
11/08/2004

Amount of Each Receipt this Period
200.00

← Requested

C. Full Name (Last, First, Middle Initial)
Alexander, Patrick

Mailing Address
16540 Grays Bay Blvd

City Minnetonka State MN Zip Code 55391

FEC ID number of contributing federal political committee.
C

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
1,000.00

Date of Receipt
11/08/2004

Amount of Each Receipt this Period
1,000.00

← Requested

SUBTOTAL of Receipts This Page (optional) 1,700.00

TOTAL This Period (last page this line number only) 2,610.00

**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)

PAGE 1 OF 1

<input checked="" type="checkbox"/> 21a	<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)

Taxpayers League of Minnesota Liberty Fund

Full Name (Last, First, Middle Initial)

A. Postmaster

Date of Disbursement

10/21/2004

Mailing Address

City: Circle Pines State: MN Zip Code:

Purpose of Disbursement

Postage

001
Category Type

Amount of Each Disbursement this Period

1365

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Federal Express

Date of Disbursement

10/25/2004

Mailing Address

City: Shoreview State: MN Zip Code: 55126

Purpose of Disbursement

Postage

004
Category Type

Amount of Each Disbursement this Period

1462

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City: State: Zip Code:

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2827
2827

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Taxpayers League of Minnesota Liberty Fund

A. Safari Club International PAC

Full Name (Last, First, Middle Initial)

Mailing Address: **4800 W. Gates Pass Rd**

City: **Tucson** State: **AZ** Zip Code: **85745**

Purpose of Disbursement: **Bill board Campaign**

Candidate Name: **James Pres. George W. Bush / Oberstar**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **8th**

Date of Disbursement: **10 / 20 / 2004**

Amount of Each Disbursement This Period: **4950.00**

Category/Type: **0.1.1**

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement This Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement This Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **4950.00**

TOTAL This Period (last page this line number only)..... **4950.00**

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 3
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Church Offset Printing</i>		Nature of Debt (Purpose): <i>Letter head - envelopes</i>	
Mailing Address <i>1983 Sloan Place, Suite 11</i>			
City <i>St. Paul</i>	State <i>MN</i>	Zip Code <i>55117</i>	
Outstanding Balance Beginning This Period <i>400.55</i>		Outstanding Balance at Close of This Period <i>4265.9</i>	
Amount Incurred This Period - <i>Invoice Adjustment</i> <i>26.04</i>		Payment This Period <i>0</i>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Trimble + Associates, Ltd</i>		Nature of Debt (Purpose): <i>Attorney fees</i>	
Mailing Address <i>10201 Wayzata Blvd. Suite 130</i>			
City <i>Minneapolis</i>	State <i>MN</i>	Zip Code <i>55305</i>	
Outstanding Balance Beginning This Period <i>866.25</i>		Outstanding Balance at Close of This Period <i>8837.5</i>	
Amount Incurred This Period - <i>Invoice Adjustment</i> <i>17.50</i>		Payment This Period <i>0</i>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Pinnacle Direct, Inc.</i>		Nature of Debt (Purpose): <i>Direct Mail Printing + Prod.</i>	
Mailing Address <i>15200 - 113th St. North</i>			
City <i>Stillwater</i>	State <i>MN</i>	Zip Code <i>55082-9575</i>	
Outstanding Balance Beginning This Period <i>758.11</i>		Outstanding Balance at Close of This Period <i>758.11</i>	
Amount Incurred This Period		Payment This Period <i>0</i>	

1) SUBTOTALS This Period This Page (optional)	<i>2068.45</i>
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)	

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

(Use separate schedule(s) for each numbered line)
 PAGE 2 OF 3
 FOR LINE NUMBER: (check only one)
 9
 10

NAME OF COMMITTEE (in Full)
Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Brainwave Studios</i>		Nature of Debt (Purpose): <i>Radio Ad Production</i>
Mailing Address <i>515 Bancroft Way</i>		
City <i>Franklin TN</i>	State <i>TN</i>	Zip Code <i>37064</i>
Outstanding Balance Beginning This Period	Amount Incurred This Period <i>32000</i>	Payment This Period <i>0</i>
		Outstanding Balance at Close of This Period <i>32000</i>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Jelinek Metz McDonald</i>		Nature of Debt (Purpose): <i>Accounting Services</i>
Mailing Address <i>33-10th Ave So, Suite 200</i>		
City <i>Hopkins MN</i>	State <i>MN</i>	Zip Code <i>55343</i>
Outstanding Balance Beginning This Period	Amount Incurred This Period <i>17365</i>	Payment This Period <i>0</i>
		Outstanding Balance at Close of This Period <i>17365</i>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Runbeck, Linda</i>		Nature of Debt (Purpose): <i>Reimbursement - Faxes + Long Distance Phone Calls</i>
Mailing Address <i>48 E. Golden Lake Rd</i>		
City <i>Circle Pines MN</i>	State <i>MN</i>	Zip Code <i>55014</i>
Outstanding Balance Beginning This Period <i>0</i>	Amount Incurred This Period <i>7477</i>	Payment This Period <i>0</i>
		Outstanding Balance at Close of This Period <i>7477</i>

1) SUBTOTALS This Period This Page (optional)	<i>56842</i>
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)	

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate schedule(s) for each numbered line)
PAGE 3 OF 3
FOR LINE NUMBER: (check only one)
 9
 10

NAME OF COMMITTEE (in Full)
Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>Smith, Marleen</u>		Nature of Debt (Purpose): <u>Reimbursement postage</u>
Mailing Address <u>900 Scenic Ct</u>		
City <u>Shoreview MN</u>	State <u>MN</u>	Zip Code <u>55126</u>
Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<u>0</u>	<u>0</u>	<u>3088</u>
Amount Incurred This Period <u>3088</u>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>Smith, Marleen</u>		Nature of Debt (Purpose): <u>Salary</u>
Mailing Address <u>900 Scenic Ct</u>		
City <u>Shoreview MN</u>	State <u>MN</u>	Zip Code <u>55126</u>
Outstanding Balance Beginning This Period <u>0</u>	Payment This Period <u>0</u>	Outstanding Balance at Close of This Period <u>300.00</u>
Amount Incurred This Period <u>300.00</u>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)	<u>330.88</u>
2) TOTALS This Period (last page this line number only)	<u>2967.75</u>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<u>0</u>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<u>2967.75</u>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER C00339473
Check <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee
Midwest Communications

Date
10 20 2004

Mailing Address
715 E. Central Entrance

Amount
2340.00

City State Zip Code
Duluth MN 55811

Purpose of Expenditure
Radio Broadcast

Category/Type
011

Office Sought: House Senate President
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Calendar Year-To-Date Per Election for Office Sought
2340.00

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Red Rock Radio

Date
10 20 2004

Mailing Address
501 Lake Ave. So. Suite 200

Amount
2210.00

City State Zip Code
Duluth MN 55802

Purpose of Expenditure
Radio Advertising

Category/Type
011

Office Sought: House Senate President
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Calendar Year-To-Date Per Election for Office Sought
4550.00

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	4550.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith
Signature

Date **10 21 2004**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Taxpayers League of MN Liberty Fund FEC IDENTIFICATION NUMBER 000339473

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee: WEVE - FM Radio Date: 7/20/2004

Mailing Address: PO Box 650 Amount: 65520

City: Eveleth State: MN Zip Code: 55734

Purpose of Expenditure: Radio Advertising Category Type: 0111 Office Sought: House Senate President State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought: 520520 Disbursement For: Primary General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee: KGPZ - FM Radio Date: 7/20/2004

Mailing Address: PO Box 447 Amount: 38880

City: Grand Rapids State: MN Zip Code: 55744

Purpose of Expenditure: Radio Advertising Category Type: 0111 Office Sought: House Senate President State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought: 559400 Disbursement For: Primary General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 104400

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Marleen Smith Date: 7/21/2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Taxpayers League of MN Liberty Fund</i>	FEC IDENTIFICATION NUMBER <i>000339473</i>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>KOZY-AM/KMEY-FM Radio</i>	Date <i>10/20/2004</i>
Mailing Address <i>507 SE 11th St</i>	Amount <i>624.00</i>
City State Zip Code <i>Grand Rapids MN 55744</i>	
Purpose of Expenditure <i>Radio Advertising</i>	Category Type <i>011</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Pres. George W. Bush</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought <i>6218.00</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>KSDM-AM & FM</i>	Date <i>10/20/2004</i>
Mailing Address <i>519 Third St.</i>	Amount <i>825.00</i>
City State Zip Code <i>International Falls MN 56449</i>	
Purpose of Expenditure <i>Radio Advertising</i>	Category Type <i>011</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Pres. George W. Bush</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought <i>7043.00</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>1449.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maudlen Smith _____ Date *10/21/2004*

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER 000339473
---------------------------------------------------------------------------	-----------------------------------------------

Check If <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee WUSZ-FM / WTBX-FM / WNMT-AM	Date 10' 20' 2004
Mailing Address 807 West 37th St	Amount 1136.00
City State Zip Code Hibbing MN 55746	
Purpose of Expenditure Radio Advertising	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8,179.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee WELV Radio	Date 10' 20' 2004
Mailing Address 133 East Chapman St.	Amount 241.40
City State Zip Code Ely MN 55731	
Purpose of Expenditure Radio Advertising	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8,420.40	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,377.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	8,420.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Maureen Smith** Date **10' 21' 2004**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER 000339473
Check <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payor KBHP-FM	Date 10/25/2004
Mailing Address 502 Beltrami Ave	Amount 280000
City State Zip Code Bemidji MN 56619	
Purpose of Expenditure Radio Advertising	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1122040	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payor KKBJ-AM Radio	Date 10/23/2004
Mailing Address 2115 Washington Ave So	Amount 15400
City State Zip Code Bemidji MN 56601	
Purpose of Expenditure Radio Advertising	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1137440	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	295400
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mareen Smith Date **10/28/2004**
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <u>Taxpayers League of MN Liberty Fund</u>	FEC IDENTIFICATION NUMBER <u>C100339473</u>
---------------------------------------------------------------------------	------------------------------------------------

Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date: <u>7.0</u> <u>25</u> <u>2004</u>
Full Name (Last, First, Middle Initial) of Payee <u>WJTY-FM Radio-BL Broadcasting</u>		Amount: <u>28,000.00</u>
Mailing Address <u>P.O. Box 746</u>		
City: <u>Brainerd</u> State: <u>MN</u> Zip Code: <u>56401</u>	Purpose of Expenditure: <u>Radio Advertising</u> Category Type: <u>OLI</u>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> <input type="checkbox"/> Senate District: <input type="checkbox"/> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres: George W. Bush</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: <u>14,174.0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>WWWI-AM/Tower Advert.</u>		Date: <u>7.0</u> <u>25</u> <u>2004</u>
Mailing Address <u>305 W. Washington St.</u>		Amount: <u>60,800.00</u>
City: <u>Brainerd</u> State: <u>MN</u> Zip Code: <u>56401</u>	Purpose of Expenditure: <u>Radio Advertising</u> Category Type: <u>OLI</u>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> <input type="checkbox"/> Senate District: <input type="checkbox"/> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres: George W. Bush</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: <u>14,782.0</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<u>340,800</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Marleen Smith Date: 7.0 28 2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <u>Taxpayers League of MN Liberty Fund</u>	FEC IDENTIFICATION NUMBER <u>C000339473</u>
Check <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>WKLK Radio</u>	Date <u>10' 26' 2004</u>
Mailing Address <u>1104 Cloquet Ave</u>	Amount <u>416.00</u>
City <u>Cloquet</u> State <u>MN</u> Zip Code <u>55720</u>	
Purpose of Expenditure <u>Radio Advertising</u> Category Type <u>Q.11</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>15,198.40</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>KCAT-FM Radio</u>	Date <u>10' 26' 2004</u>
Mailing Address <u>PO Box 358</u>	Amount <u>273.60</u>
City <u>Roseau</u> State <u>MN</u> Zip Code <u>56751</u>	
Purpose of Expenditure <u>Radio Advertising</u> Category Type <u>Q.11</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>15,472.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>689.60</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of officer, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith Date 10' 28' 2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Taxpayers League of MN Liberty Fund</u>	FEC IDENTIFICATION NUMBER <u>C00339473</u>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>KROX-AM Radio</u>	
Mailing Address <u>208 South Main St.</u>	
City <u>Crookston</u>	State <u>MN</u>
Zip Code <u>56716</u>	
Purpose of Expenditure <u>Radio Advertising</u>	Category Type <u>O.L.L.</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>	
Calendar Year-To-Date Per Election for Office Sought <u>15,840.00</u>	

Date <u>10/26/2004</u>
Amount <u>368.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>KKWQ-FM Radio</u>	
Mailing Address <u>113 A Lake St. Center</u>	
City <u>Warroad</u>	State <u>MN</u>
Zip Code <u>56763</u>	
Purpose of Expenditure <u>Radio Advertising</u>	Category Type <u>O.L.L.</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>	
Calendar Year-To-Date Per Election for Office Sought <u>16,512.00</u>	

Date <u>10/26/2004</u>
Amount <u>672.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<u>1,040.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith Date 10/28/2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) <u>Taxpayers League of MN Liberty Fund</u>	FEC IDENTIFICATION NUMBER <u>C00339473</u>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>KKLN-AM/FM</u>	Date <u>10' 26' 2004</u>
Mailing Address <u>PO Box 140</u>	Amount <u>448.00</u>
City <u>Atkin</u> State <u>MN</u> Zip Code <u>56431</u>	

Purpose of Expenditure <u>Radio Advertising</u>	Category Type <u>011</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>16,960.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>KDAL-AM / Midwest Communications</u>	Date <u>10' 26' 2004</u>
Mailing Address <u>715 E. Central Entrance</u>	Amount <u>480.00</u>
City <u>Duluth</u> State <u>MN</u> Zip Code <u>55811</u>	

Purpose of Expenditure <u>Radio Advertising</u>	Category Type <u>011</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>17,440.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>928.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mareen Smith Date 10' 28' 2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 6 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Taxpayers League of MN Liberty Fund</u>	REC IDENTIFICATION NUMBER <u>000339473</u>
Check <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee
KQDS-FM / Red Rock Radio

Mailing Address
501 Lake Ave So, Suite 200

City Duluth State MN Zip Code 55802

Date
10/27/2004

Amount
65000

Purpose of Expenditure
Radio Advertising Category Type 011

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Office Sought: House Senate President

State: _____ District: _____

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1809000

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
KTCO-FM / Midwest Communication

Mailing Address
715 E. Central Entrance

City Duluth State MN Zip Code 55811

Date
10/27/2004

Amount
78000

Purpose of Expenditure
Radio Advertising Category Type 011

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Office Sought: House Senate President

State: _____ District: _____

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1887000

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<u>143000</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith Date 10/28/2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER 000339473
---------------------------------------------------------------------------	-----------------------------------------------

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee KLDT-FM Radio	Date 10/27/2004
Mailing Address	Amount 125000
City Duluth	State Zip Code

Purpose of Expenditure Radio Advertising	Category Type Q11	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 2012000			

Full Name (Last, First, Middle Initial) of Payee WEVE-FM Radio	Date 10/27/2004
Mailing Address PO Box 650	Amount 21600
City Eveleth	State MN Zip Code 55734

Purpose of Expenditure Radio Advertising	Category Type Q11	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 2033600			

(a) SUBTOTAL of Itemized Independent Expenditures	146600
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith Date **10/28/2004**
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER 000339473
---------------------------------------------------------------------------	-----------------------------------------------

Check 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee KGPZ-FM Radio	Date 10/27/2004
--------------------------------------------------------------------------	---------------------------

Mailing Address PO Box 447	Amount 108.00
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City Grand Rapids MN	State MN	Zip Code 55744	
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Purpose of Expenditure Radio Advertising	Category Type 011	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
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Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

Calendar Year-To-Date Per Election for Office Sought 20,444.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
--------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

Full Name (Last, First, Middle Initial) of Payee KOZY-AM/FM	Date 10/25/2004
-----------------------------------------------------------------------	---------------------------

Mailing Address 507 E. 11th St	Amount 234.00
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City Grand Rapids MN	State MN	Zip Code 55744	
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Purpose of Expenditure Radio Advertising	Category Type 011	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
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Name of Federal Candidate Supported or Opposed by Expenditure: Pres. George W. Bush	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

Calendar Year-To-Date Per Election for Office Sought 20,678.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
--------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

(a) SUBTOTAL of Itemized Independent Expenditures **342.00**

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith
Signature

Date **10/28/2004**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER 000339473
---------------------------------------------------------------------------	-----------------------------------------------

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee
WUSZ-FM/WTBX-FM/WNMT-AM

Date
10/27/2004

Mailing Address
807 W. 37th St

Amount
426.00

City State Zip Code
Hibbing MN 55746

Purpose of Expenditure
Radio Advertising Category Type **Q11**

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
21104.00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
WEBC-AM Radio

Date
10/27/2004

Mailing Address
14 E. Central Entrance

Amount
630.00

City State Zip Code
Duluth MN 55811

Purpose of Expenditure
Radio Advertising Category Type **Q11**

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
21734.00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	1056.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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Maureen Smith
Signature

Date **10/28/2004**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Taxpayers League of MN Liberty Fund	FEC IDENTIFICATION NUMBER C00339473
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee
KRCQ Radio

Date
10/28/2004

Mailing Address
1119 Jackson Ave

Amount
55000

City State Zip Code
Detroit Lakes MN 56501

Purpose of Expenditure
Radio Advertising

Category Type
011

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2228400

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
WELY Radio

Date
10/28/2004

Mailing Address
133 E. Chapman St

Amount
8520

City State Zip Code
Ely MN 55731

Purpose of Expenditure
Radio Advertising

Category Type
011

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Pres. George W. Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2236920

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	63520
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

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Maureen Smith
Signature

Date **10/28/2004**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) <u>Taxpayers League of MN Liberty Fund</u>	FEC IDENTIFICATION NUMBER <u>C00339473</u>
Check # <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>KSDM-AM & FM Radio</u>	Date <u>70' 28' 2004</u>
Mailing Address <u>519 Third St.</u>	Amount <u>24750</u>
City State Zip Code <u>International Falls, MN 56449</u>	
Purpose of Expenditure <u>Radio Advertising</u> Category Type <u>011</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>2261670</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>WTJY-FM Radio-Bl Broadcasting</u>	Date <u>70' 28' 2004</u>
Mailing Address <u>PO Box 746</u>	Amount <u>28400</u>
City State Zip Code <u>Brainerd MN 56401</u>	
Purpose of Expenditure <u>Radio Advertising</u> Category Type <u>011</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>2290070</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<u>53150</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith _____ Date 70' 28' 2004
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Taxpayers League of MN Liberty Fund</u>	FEC IDENTIFICATION NUMBER <u>C000339473</u>
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Check 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee <u>WJTY-FM Radio - BL Broadcasting</u>	Date <u>10/28/2004</u>
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Mailing Address <u>PO Box 746</u>	Amount <u>54400</u>
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City <u>Brainerd MN 56401</u>	State <u>MN</u>	Zip Code <u>56401</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
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Purpose of Expenditure <u>Radio Advertising</u>	Category Type <u>011</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
----------------------------------------------------	-----------------------------	----------------------------------------------------------------------------------------

Name of Federal Candidate Supported or Opposed by Expenditure: <u>Pres. George W. Bush</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Calendar Year-To-Date Per Election for Office Sought <u>2344470</u>	Date _____, _____, _____
------------------------------------------------------------------------	-----------------------------

Mailing Address _____ _____ _____	Amount _____
--------------------------------------------	-----------------

City _____ _____	State _____	Zip Code _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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Purpose of Expenditure _____ _____	Category Type _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------------------------------------------	------------------------	-----------------------------------------------------------------------------

Name of Federal Candidate Supported or Opposed by Expenditure: _____ _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Calendar Year-To-Date Per Election for Office Sought _____	Date _____, _____, _____
---------------------------------------------------------------	-----------------------------

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>54400</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____
(c) TOTAL Independent Expenditures.....	<u>2344470</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maureen Smith
Signature

Date 10/28/2004

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 12-14-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jer</i> PREPARER	12-15-04 DATE PREPARED