

**REPORT OF COMMUNICATION COSTS
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

1. (a) NAME OF ORGANIZATION Education Minnesota	2. IDENTIFICATION NUMBER (Assigned by FEC)
(b) ADDRESS (Number and Street) 41 Sherburne Avenue	3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input type="checkbox"/> Trade Association <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Cooperative <input type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock
(c) CITY, STATE AND ZIP CODE St. Paul, MN 55103	

4. TYPE OF REPORT (Check One):
 (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report

12 Day Pre-General Election Report held on _____ in the State of _____ (date)

January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD 01/01/2012 THROUGH 09/30/2012

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SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members		<input type="checkbox"/>	<input type="checkbox"/>	See attachment	
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members		<input type="checkbox"/>	<input type="checkbox"/>		

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ 6,390.19

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

Brandon Rettke [Signature] 10/11/12
 Type or Print Name Signature and Title of Person Designated to Sign This Report Date

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

WHERE TO FILE: Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463	FOR FURTHER INFORMATION CONTACT: Federal Election Commission Toll Free: 800-424-9530 Local: 202-694-1100
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Federal Election Commission
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

cfmw
 PREPARER 10/16/12
 DATE PREPARED