

2010 JAN 26 AM 11:58

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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

Check if different than previously reported. (ACC)

S A I N T P A U L M N 5 5 1 1 3 - 0 0 0 3

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0 0 3 3 9 4 7 3

3. IS THIS REPORT NEW OR AMENDED
REPORT (N) (A)

X

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- X January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-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 (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
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Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 0 7 / 0 1 / 2 0 0 9 through 1 2 / 3 1 / 2 0 0 9

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 NICHOLAS TRUSO

Signature of Treasurer

Nicholas Truso

Date

0 1 / 0 5 / 2 0 1 0

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							
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FEC FORM 3X
Rev. 12/2004

10030223693

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 0 7 / 0 1 / 2 0 0 9 To: ^{M M / D D / Y Y Y Y} 1 2 / 3 1 / 2 0 0 9

10030223694

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2 0 0 9		, 11,545.01
(b) Cash on Hand at Beginning of Reporting Period.....	, 10,948.33	
(c) Total Receipts (from Line 19)	, 705.00	, 730.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 11,653.33	, 12,275.01
7. Total Disbursements (from Line 31)	, 6,033.56	, 6,655.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 5,619.77	, 5,619.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, 0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 07 / 01 / 2009 To: ^{M M / D D / Y Y Y Y} 12 / 31 / 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 705.00	, 730.00
(ii) Unitemized	, 0.00	, 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 705.00	, 730.00
(b) Political Party Committees	, 0.00	, 0.00
(c) Other Political Committees (such as PACs).....	, 0.00	, 0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, 705.00	, 730.00
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 Transfers (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)).....▶	, 705.00	, 730.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 705.00	, 730.00

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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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	283.56	905.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	283.56	905.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,750.00	5,750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))..	6,033.56	6,655.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,033.56	6,655.24

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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)	, 705.00	, 730.00
34. Total Contribution Refunds (from Line 28(d))	, 0.00	, 0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 705.00	, 730.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 283.56	, 905.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	, 0.00	, 0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 283.56	, 905.24

10030223697

**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 3	
	(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

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

Full Name (Last, First, Middle Initial) A. RINKEL, BRUCE D.		Date of Receipt MM / DD / YYYY 07 / 09 / 2009
Mailing Address 2695 BROOKVIEW DRIVE EAST		Amount of Each Receipt this Period , 250.00
City SAINT PAUL	State MN	
Zip Code 55119		Amount of Each Receipt this Period , 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer BLAZER INVESTMENT CORP.	Occupation AUTO DEALER	Amount of Each Receipt this Period , 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 250.00	

Full Name (Last, First, Middle Initial) B. HERRINGEL, GERRY		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 1731 INNSBRUCK PARKWAY		Amount of Each Receipt this Period , 200.00
City COLUMBIA HEIGHTS	State MN	
Zip Code 55421		Amount of Each Receipt this Period , 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer HERRINGEL COMPANY	Occupation DEVELOPER	Amount of Each Receipt this Period , 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 200.00	

Full Name (Last, First, Middle Initial) C. CLEVELAND, CHARLES A.		Date of Receipt MM / DD / YYYY 07 / 09 / 2009
Mailing Address 1710 DOUGLAS DRIVE		Amount of Each Receipt this Period , 100.00
City MINNEAPOLIS	State MN	
Zip Code 55422		Amount of Each Receipt this Period , 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation INVESTOR	Amount of Each Receipt this Period , 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 550.00
TOTAL This Period (last page this line number only).....▶	, .

10030223698

**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 2 OF 3				
	<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

Full Name (Last, First, Middle Initial) A. KLEIFGEN, DAVID F.		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2009
Mailing Address 10555 NORTH 114TH STREET		Amount of Each Receipt this Period , , 50.00
City STILLWATER	State MN	
Zip Code 55082		Amount of Each Receipt this Period , , 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 50.00	

Full Name (Last, First, Middle Initial) B. METZEN, ELAINE L.		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2009
Mailing Address 500 ST. OLAF AVENUE		Amount of Each Receipt this Period , , 50.00
City NORTHFIELD	State MN	
Zip Code 55057		Amount of Each Receipt this Period , , 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 50.00	

Full Name (Last, First, Middle Initial) C. LOVELL, ROBERT T.		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2009
Mailing Address 4217 MEMLOCK LANE NORTH		Amount of Each Receipt this Period , , 25.00
City PLYMOUTH	State MN	
Zip Code 55441		Amount of Each Receipt this Period , , 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 125.00
TOTAL This Period (last page this line number only).....▶	, , .

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 3	
	(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)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial) A. BURT, ARNOLD J.		Date of Receipt
Mailing Address 26454 DOVE LANE		M M / D D / Y Y Y Y 07 / 12 / 2009
City	State	Zip Code
GRAND RAPIDS	MN	55744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 20.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 20.00	

Full Name (Last, First, Middle Initial) B. PEDERSON, TRYGVE M.		Date of Receipt
Mailing Address 220 INTERLACHEN ROAD		M M / D D / Y Y Y Y 07 / 13 / 2009
City	State	Zip Code
HOPKINS	MN	55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 10.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 10.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

SUBTOTAL of Receipts This Page (optional).....▶	, , 30.00
TOTAL This Period (last page this line number only).....▶	, , 705.00

10030223700

**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 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)

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. TRUSO, NICHOLAS W.

Date of Disbursement

07 / 21 / 2009

Mailing Address

PO BOX 130353

City

SAINT PAUL

State

MN

Zip Code

55113

Purpose of Disbursement

PAC EXPENSE REIMBURSEMENT

001

Amount of Each Disbursement this Period

283.56

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

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:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

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)..... ▶

283.56

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

283.56

10030223701

**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"/> 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. FREEDOM CLUB FEDERAL PAC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2009
Mailing Address PO BOX 416		Amount of Each Disbursement this Period , 5,000.00
City CHAMPLIN	State Zip Code MN 55316	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type 011	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF ERIK PAULSEN		Date of Disbursement MM / DD / YYYY 12 / 03 / 2009
Mailing Address PO BOX 44369		Amount of Each Disbursement this Period , 750.00
City EDEN PRAIRIE	State Zip Code MN 55344	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type 011	
Candidate Name ERIK PAULSEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 03		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, 5,750.00
TOTAL This Period (last page this line number only).....▶	, 5,750.00

10030223702

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/20/10

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jnc4
 PREPARER

1/26/10
 DATE PREPARED

10030223703