

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FED MAIL OPERATIONS CENTER

OCT 26 P 12 36

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. SCOTT GOTTE

DORSEY NATIONAL FUND

ADDRESS (number and street) 50 SOUTH SIXTH STREET

MINNEAPOLIS MN 55402

Check if different than previously reported (ADC)

2. FEC IDENTIFICATION NUMBER 00018945 CITY STATE ZIP CODE

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report

(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31

(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special

Election on 11/05/2002 in the State of MN

(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10/01/2002 through 10/16/2002

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 SCOTT GOTTE

Signature of Treasurer [Signature] Date 10/28/2002

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**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

DORSEY NATIONAL FUND

Report Covering the Period: From: 10/1/2002 To: 10/1/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002	1903552	1903552
(b) Cash on Hand at Beginning of Reporting Period	1387998	1387998
(c) Total Receipts (from Line 19)	0000	4541370
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1387998	6444922
7. Total Disbursements (from Line 30)	300000	5356924
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1087998	1087998
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)		

This committee has qualified as a noncandidate 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 (Revised 1/01)

Write or Type Committee Name

DORSEY NATIONAL FUND

Report Covering the Period: From: 10/01/2001 To: 10/16/2002

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)	0 0 0	
(ii) Unitemized		
(ii) TOTAL (add		
Lines 11(a)(i) and (ii)	0 0 0	4 5 4 1 3 7 0
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0 0 0	4 5 4 1 3 7 0
Totals to Line 32, page 4)		
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 36, page 4)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Nonfederal		
Account for Joint Activity		
19. Total Receipts (add Lines 11(d),	0 0 0	4 5 4 1 3 7 0
12, 13, 14, 15, 16, 17, and 18)		
20. Total Federal Receipts	0 0 0	4 5 4 1 3 7 0
(subtract Line 18 from Line 19)		

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		1 6 9 2 4
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3 0 0 0 0 0	5 3 4 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	3 0 0 0 0 0	5 3 5 6 9 2 4
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	3 0 0 0 0 0	5 3 5 6 9 2 4
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		1 6 9 2 4
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		1 6 9 2 4

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)				PAGE 1 OF 1	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27c	<input type="checkbox"/> 29
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	<input type="checkbox"/> 28f

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) **DORSEY NATIONAL FUND**

A. Coleman for Senate

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 1430 Energy Park Drive # 11
 City _____ State _____ Zip Code _____
 St. Paul MN 55108

Purpose of Disbursement: **Contribution** 0 1 1
 Candidate Name: **Norm Coleman**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: MN District: _____

Date of Disbursement: 10/02/2002

Amount of Each Disbursement this Period: 1 0 0 0 0 0

B. Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 P.O. Box 14791
 City _____ State _____ Zip Code _____
 Minneapolis MN 55417

Purpose of Disbursement: **Contribution** 0 1 1
 Candidate Name: **Martin Sabo**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: MN District: _____

Date of Disbursement: 10/02/2002

Amount of Each Disbursement this Period: 1 0 0 0 0 0

C. Tim Johnson for South Dakota

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 420 C Street NE, Lower Level
 City _____ State _____ Zip Code _____
 Washington DC 20002

Purpose of Disbursement: **Contribution** 0 1 1
 Candidate Name: **Tim Johnson**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: SD District: _____

Date of Disbursement: 10/02/2002

Amount of Each Disbursement this Period: 1 0 0 0 0 0

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (list page this line number only) _____

3 0 0 0 0 0

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10-21-08</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>sc</i>	<i>10-26-08</i>
PREPARER	DATE PREPARED