

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Minnesota Democratic Farmer Labor Party

ADDRESS (number and street) 255 East Plato Blvd Check if different than previously reported. (ACC) Saint Paul MN 55107

2. FEC IDENTIFICATION NUMBER C00025254 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 08 01 2006 through 08 31 2006

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 William J. Davis

Signature of Treasurer Electronically Filed by William J. Davis Date 04 27 2007

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
Minnesota Democratic Farmer Labor Party

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		49427.39
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	156658.57									
(c) Total Receipts (from Line 19)	634588.40	2498062.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	791246.97	2547489.47								
7. Total Disbursements (from Line 31)	669980.21	2426222.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121266.76	121266.76								
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)	60352.19									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Minnesota Democratic Farmer Labor Party

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	49375.00	207084.00
(i) Itemized (use Schedule A)	31920.00	311696.26
(ii) Unitemized	81295.00	518780.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	20000.00	100125.00
(c) Other Political Committees (such as PACs)	101295.00	618905.26
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	299558.51	1145587.19
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)	58764.69	83683.69
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20909.70	47065.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	91650.50	540410.01
(b) Levin Funds (from Schedule H5)	62410.00	62410.00
(c) Total Transfer (add 18(a) and 18(b)).	154060.50	602820.01
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	634588.40	2498062.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	480527.90	1895242.07

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.....	24512.64	192742.42
(ii) Non-Federal Share.....	92214.20	565226.31
(b) Other Federal Operating Expenditures.....	124160.97	736409.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	240887.81	1494377.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	82695.02	108488.64
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	800.00
(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	800.00
29. Other Disbursements.....	0.00	9187.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	16590.00	16590.00
(ii) "Levin" Share	62410.00	62410.00
(b) Federal Election Activity Paid Entirely With Federal Funds	267397.38	714368.58
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	346397.38	793368.58
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	669980.21	2426222.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	515356.01	1798586.40

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	101295.00	618905.26
34. Total Contribution Refunds (from Line 28(d))	0.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101295.00	618105.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	148673.61	929151.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	58764.69	83683.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)	89908.92	845467.99

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party
NAME OF ACCOUNT LEVEN FUND

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	10000.00	10000.00
b. Unitemized.....	0.00	0.00
c. Total.....	10000.00	10000.00
2. OTHER RECEIPTS.....	52500.00	52500.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	62500.00	62500.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	62410.00	62410.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	62410.00	62410.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	62410.00	62410.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	33.05	33.05
8. RECEIPTS..... (from Line 3)	62500.00	62500.00
9. SUBTOTAL..... (Add Lines 7 and 8)	62533.05	62533.05
10. DISBURSEMENTS..... (From Line 6)	62410.00	62410.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		123.05

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: 1a 2
(check only one)

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NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party			Transaction ID: SL60824.C355699 Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6		
Full Name (Last, First, Middle Initial) A. AFSCME Council 5			Amount of Each Receipt this Period 10000.00		
Mailing Address 300 Hardman Ave S			Aggregate Year-to-Date 10000.00		
City State Zip Code South Saint Paul MN 55075-2469			Account: LEVIN		
Name of Employer or Principal Place of Business Occupation			Transaction ID: SL60824.C355700 Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6		
Full Name (Last, First, Middle Initial) B. Patricia Bauman			Amount of Each Receipt this Period 10000.00		
Mailing Address 2040 S Street NW			Aggregate Year-to-Date 10000.00		
City State Zip Code Washington DC 20009-			Account: LEVIN		
Name of Employer or Principal Place of Business Occupation Bauman Foundation Director			Transaction ID: SL60824.C355701 Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6		
Full Name (Last, First, Middle Initial) C. Education Minnesota PAC			Amount of Each Receipt this Period 10000.00		
Mailing Address 41 Sherburne Ave			Aggregate Year-to-Date 10000.00		
City State Zip Code Saint Paul MN 55103-2196			Account: LEVIN		
Name of Employer or Principal Place of Business Occupation			Transaction ID: SL60824.C355702 Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6		
Full Name (Last, First, Middle Initial) D. Emilys List Minnesota			Amount of Each Receipt this Period 2500.00		
Mailing Address 805 15th St NW #400			Aggregate Year-to-Date 2500.00		
City State Zip Code Washington DC 20005-			Account: LEVIN		
Name of Employer or Principal Place of Business Occupation			SUBTOTAL of Receipts This Page (optional)		
Occupation			32500.00		
TOTAL This Period (last page this line number only)		

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: 1a 2
(check only one)

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial)
A. Lakes & Plains Regional Council

Mailing Address 700 Olive Street

City Saint Paul State MN Zip Code 55101-

Name of Employer or Principal Place of Business

Occupation

Transaction ID: SL60824.C355703
Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Amount of Each Receipt this Period
10000.00

Aggregate Year-to-Date
10000.00

Account: LEVIN

Full Name (Last, First, Middle Initial)
B. Mah Mah Wi No Min

Mailing Address 43408 Oodena Drive

City Onamia State MN Zip Code 56359-

Name of Employer or Principal Place of Business

Occupation

Transaction ID: SL60824.C355705
Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Amount of Each Receipt this Period
10000.00

Aggregate Year-to-Date
10000.00

Account: LEVIN

SUBTOTAL of Receipts This Page (optional)	20000.00
TOTAL This Period (last page this line number only)	52500.00

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial)

A. Vance Opperman

Mailing Address 225 S 6th St #5200

City Minneapolis State MN Zip Code 55402-

Name of Employer or Principal Place of Business

Key Investments - Preside-

Occupation

President

Transaction ID: SL60905.C356045

Date of Receipt

08 / 24 / 2006

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: LEVIN

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 310
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
	<input checked="" type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party
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Full Name (Last, First, Middle Initial) / Full Organization Name A. Levin Checking	Transaction ID: 4B60919.E23727 Date of Disbursement
Mailing Address US Bank	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City State Zip Code Saint Paul MN 55101	Amount of Each Disbursement this Period <input type="text" value="62410.00"/>
Purpose of Disbursement Non Fed Portion of Voter ID Phoning	Account: LEVIN

SUBTOTAL of Disbursements This Page (optional)	▶	<input type="text" value="62410.00"/>
TOTAL This Period (last page this line number only)	▶	<input type="text" value="62410.00"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 310
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Grant Abert

Mailing Address S7295 Lake Rd

City State Zip Code
Hillpoint WI 53937-9733

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

Name of Employer Retired Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355658

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Satoru Asato

Mailing Address 6921 Mark Terrace Drive

City State Zip Code
Edina MN 55439

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

Name of Employer McNells Bjork Brown Occupation Financial Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: 60905.C356059

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Todd Awes

Mailing Address 7209 Shannon Dr

City State Zip Code
Edina MN 55439

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

Name of Employer Awes Agencies Inc Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: 60905.C355882

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Peter Bachman

Mailing Address 4870 W Lake Harriet Pkwy

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Retired Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355652

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Patricia Bloodgood

Mailing Address 25 Greenway Gables

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Lockridge, Grindal, Navin Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 60906.C356216

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Brabant

Mailing Address 6815 Chicago Ave S

City State Zip Code
Richfield MN 55423

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: 60905.C355873

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
James Kimo Campbell

Mailing Address PO Box 127

City State Zip Code
Kentfield CA 94914

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

Name of Employer Occupation
Self Employed Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 60824.C355636

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
J Martin Carlson

Mailing Address 1753 200th Ave

City State Zip Code
Mora MN 55051-7008

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

Name of Employer Occupation
Tamarack Hobil Technologies Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 60818.C355566

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Cassell

Mailing Address 9847 Jeske Ave NW

City State Zip Code
Annandale MN 55302

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: 60905.C355908

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. James Deal		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address PO Box 159		Transaction ID: 60905.C356023	
City Anoka	State MN	Amount of Each Receipt this Period 1000.00	
Zip Code 55303-0159		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Nat Ag Underwriters Cor	Occupation Chairman of the Board		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Jon Dickerson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 325 W River Pkwy #105		Transaction ID: 60824.C355667	
City Minneapolis	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55401		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Valentine Doyle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 117 Brown Street		Transaction ID: 60906.C356217	
City Hartford	State CT	Amount of Each Receipt this Period 800.00	
Zip Code 06114		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Lawson Valentine Foundati- on	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional) ▶	2050.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Richard Duroe

Mailing Address PO Box 128

City State Zip Code
Jeffers MN 56145

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

Name of Employer State Bank of Jeffers Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 60905.C355752

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Matthew Entenza

Mailing Address 1647 Portland Ave

City State Zip Code
Saint Paul MN 55104

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

Name of Employer State House of Representatives Occupation State Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 60824.C355617

Amount of Each Receipt this Period
10000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Larry Espel

Mailing Address 17 TPKE Road

City State Zip Code
Golden Valley MN 55416

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

Name of Employer Green & Espel Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 60824.C355616

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Carol Freeman

Mailing Address 3237 Lyndale Ave S

City State Zip Code
Minneapolis MN 55408-3786

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

Name of Employer Occupation
University of Minnesota Researcher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 60905.C355943

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jane Freeman

Mailing Address 3701 Bryant Ave S #802

City State Zip Code
Minneapolis MN 55409-1091

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 60915.C356359

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Sylvia Graba

Mailing Address 16826 Standford St NE

City State Zip Code
Forest Lake MN 55025

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2006

Transaction ID: 60905.C355831

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Glynn Haag

Mailing Address 13445 Gunflint Court

City State Zip Code
Apple Valley MN 55124

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2006

Transaction ID: 60905.C355730

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laurie Hilty

Mailing Address 64105 Norway Spruce Rd

City State Zip Code
Finlayson MN 55735

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2006

Transaction ID: 60818.C355584

Amount of Each Receipt this Period
10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Milton and Ellen Hughes

Mailing Address 4410 Douglas Ave

City State Zip Code
Golden Valley MN 55416

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

Name of Employer Occupation
Retired Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: 60809.C355536

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 310
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Allen Hunter

Mailing Address 6 Washington Mews

City State Zip Code
New York NY 10003

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

Name of Employer Requested Occupation Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355655

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Hunting

Mailing Address 161 Ottawa Ave NW

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: 60905.C356069

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Jacobson

Mailing Address 4815 Irving Ave S

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Medica Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: 60818.C355589

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 310
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Leonard Jansen

Mailing Address 3504 Fairway Ridge Lane SW #216

City State Zip Code
Rochester MN 55902

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

Name of Employer Retired Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 60905.C356006

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Charles Jorgensen

Mailing Address 1615 E River Pkwy

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Retired Occupation Retired Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 60809.C355529

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Richard Kahn

Mailing Address 2895 Ella Ln

City State Zip Code
Minnetonka MN 55305

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

Name of Employer Self Employed Occupation Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 60906.C356218

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Donald Katz

Mailing Address 2116 Jefferson St

City State Zip Code
Madison WI 53711

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

Name of Employer Occupation
Self Employed Dad

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355660

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Hyder Khan

Mailing Address 8017 Telegraph Road

City State Zip Code
Bloomington MN 55438

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

Name of Employer Occupation
Hennepin Family Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: 60905.C356065

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Knight

Mailing Address 1907 Keyes Ave

City State Zip Code
Madison WI 53711

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

Name of Employer Occupation
Retired Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355656

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Dan and Joann Knuth

Mailing Address 1106 Rockstone Ln

City State Zip Code
New Brighton MN 55112

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

Name of Employer 3M Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
08 / 29 / 2006

Transaction ID: 60905.C355864

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joel Kramer

Mailing Address 100 2nd Street NE A250

City State Zip Code
Minneapolis MN 55413

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 31 / 2006

Transaction ID: 60906.C356219

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Andrew Larson

Mailing Address 1939 Bryant Ave S #26

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Minnesota DFL Occupation Field Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
08 / 07 / 2006

Transaction ID: 60824.C355594

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 310
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Bridget Levin		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 4201 Fremont Ave S		Transaction ID: 60906.C356220	
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Namettas International Marketing	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Arthur Lloyd		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 1104A Mound St		Transaction ID: 60824.C355657	
City State Zip Code Madison WI 53715	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired Retired	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Louis Moriarty		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 175 Gleason Lake Rd		Transaction ID: 60905.C355904	
City State Zip Code Wayzata MN 55391-1314	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired Attorney	Aggregate Year-to-Date ▼ 295.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Bruce Nemer

Mailing Address 8901 W 34th St

City State Zip Code
Saint Louis Park MN 55426-3701

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

Name of Employer Retired Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 6

Transaction ID: 60905.C355905

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Pflaum

Mailing Address 2725 Deerhill Road

City State Zip Code
Long Lake MN 55356

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

Name of Employer Leonard Street & Deinard Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 60818.C355588

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lorraine Potuzak

Mailing Address 13639 78th St NE

City State Zip Code
Foley MN 56329

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 389.75

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 60905.C355952

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Thomas and Tila Powers

Mailing Address 881 Parker Ave

City State Zip Code
Roseville MN 55113-6432

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

Name of Employer Occupation
Lakes & Plains Regional Council Bricklayer

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 29 / 2006

Transaction ID: 60905.C355869

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Linda Pritzker

Mailing Address 3555 Timmons Lane #800

City State Zip Code
Houston TX 77027

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

Name of Employer Occupation
Self Employed Investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2006

Transaction ID: 60818.C355591

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lois Quam

Mailing Address 1647 Portland Ave

City State Zip Code
Saint Paul MN 55104-6232

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

Name of Employer Occupation
United Healthcare Corp - Execu Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: 60824.C355618

Amount of Each Receipt this Period
10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	11050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Randi Reitan

Mailing Address 8591 French Curve

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 60905.C355948

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Donald Ritchie

Mailing Address 3540 James Ave S #101

City State Zip Code
Minneapolis MN 55408

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

Name of Employer Occupation
Institute for Agriculture & Tr President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 6

Transaction ID: 60824.C355653

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Wendy Gordon Rockefeller

Mailing Address 15 East 91st Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Green Guide Institute Publisher

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 60915.C356358

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	4050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Steven Ruggles

Mailing Address 97 Orlin Avenue

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Occupation
University of Minnesota Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
08 / 11 / 2006

Transaction ID: 60818.C355575

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Georgiana Ruzich

Mailing Address 453 W Eagle Lake Dr

City State Zip Code
Maple Grove MN 55369

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
08 / 24 / 2006

Transaction ID: 60905.C356074

Amount of Each Receipt this Period
40.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ashraf Siddiqui

Mailing Address 11602 Meadow Lane NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
Self Employed Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 24 / 2006

Transaction ID: 60905.C356061

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1540.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 310
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kathryn Sikkink		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 1813 Girard Ave S		Transaction ID: 60824.C355635	
City State Zip Code Minneapolis MN 55403		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation University of Minnesota Professor		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jackie Stevenson		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 3541 Robinwood Terr		Transaction ID: 60818.C355581	
City State Zip Code Minnetonka MN 55305-4327		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired Retired		Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. George Stoops		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 133 Coy St		Transaction ID: 60905.C355721	
City State Zip Code Mankato MN 56001		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired College Teacher		Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 310
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Joanne Strakosch

Mailing Address 2200 Newton Ave S

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Met Life Occupation Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: 60818.C355587

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Shelley Strohmaier

Mailing Address 80 Sandy Hook Rd

City State Zip Code
Chanhassen MN 55317

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

Name of Employer Self Employed Occupation Marketing Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: 60905.C356071

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nels Thygeson

Mailing Address 3433 St. Louis Ave

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Definity Health Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355654

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Bao Vang

Mailing Address 452 Virginia St

City State Zip Code
Saint Paul MN 55103

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

Name of Employer Self Employed Occupation
Self Employed Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: 60905.C356064

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Teresa Vilmain

Mailing Address 8381 South Kollath Rd

City State Zip Code
Verona WI 53593

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

Name of Employer Self Employed Occupation
Self Employed Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: 60824.C355650

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Maxine Wallin

Mailing Address 7022 Tupa Cir

City State Zip Code
Edina MN 55439-1640

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

Name of Employer Community Volunteer Occupation
Community Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 60905.C355982

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 310
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Maxine Wallin

Mailing Address 7022 Tupa Cir

City State Zip Code
Edina MN 55439-1640

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

Name of Employer Occupation
Community Volunteer Community Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 60905.C355981

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Werbalowsky

Mailing Address 6000 Fox Meadow Lane

City State Zip Code
Edina MN 55436

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

Name of Employer Occupation
Cassidy & Associates Associate Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: 60818.C355590

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	49375.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 310
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. National Education Association PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 1201 16th St NW #420		Transaction ID: 60824.C355612	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00003251		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. PAC for a Change		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 725 S Figueroa Street #3200		Transaction ID: 60824.C355629	
City State Zip Code Los Angeles CA 90017	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00342048		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Peterson (Collin) for US Congress		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address PO Box 265 US House CD 7		Transaction ID: 60809.C355515	
City State Zip Code Detroit Lakes MN 56502	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer H2MN07014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation C00253187 Aggregate Year-to-Date ▼ 15000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 310
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund

Mailing Address 422 C Street NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing federal political committee. **C** C00327395

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	0	6

Transaction ID: 60824.C355630

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	20000.00

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

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

FOR LINE NUMBER: PAGE 33 / 310
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committ

Mailing Address 430 S Capitol St SE 1st Flr

City State Zip Code
Washington DC 20003-

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650617.55

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 6

Transaction ID: 60824.C355609

Amount of Each Receipt this Period
90000.00

Transfers From Affil./Aut-h.

B. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committ

Mailing Address 430 S Capitol St SE 1st Flr

City State Zip Code
Washington DC 20003-

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
740617.55

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 6

Transaction ID: 60824.C355640

Amount of Each Receipt this Period
90000.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address Federal Fund
430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 60905.C356047

Amount of Each Receipt this Period
15000.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► **195000.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 310
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address Federal Fund
430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 60905.C356048

Amount of Each Receipt this Period
20000.00

Transfers From Affil./Aut-h.

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address Federal Fund
430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 60905.C356077

Amount of Each Receipt this Period
20000.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
Dollars for Democrats

Mailing Address 50 E Street SE #300

City State Zip Code
Washington DC 20003-

FEC ID number of contributing federal political committee. **C** C00073791

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
697473.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: 60824.C355625

Amount of Each Receipt this Period
50000.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► **90000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 310
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
State Party Victory Fund

Mailing Address 430 S Capitol Street SE

City State Zip Code
Washington DC 20003-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
122569.98

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: 60905.C356046

Amount of Each Receipt this Period
14515.41

Transfers From Affil./Autoh.

B. Full Name (Last, First, Middle Initial)
ASDC Partnership Program

Mailing Address 430 South Capitol Street SE

City State Zip Code
Washington DC 20003-

FEC ID number of contributing federal political committee. **C** C00402404

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43.10

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: 60918.C356520

Amount of Each Receipt this Period
43.10

Transfers From Affil./Autoh.

SUBTOTAL of Receipts This Page (optional)	▶	14558.51
TOTAL This Period (last page this line number only)	▶	299558.51

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 310
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Ellison (Keith) for Congress		Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2006	
Mailing Address 1629 Bryant Ave N		Transaction ID: 60809.C355523	
City State Zip Code Minneapolis MN 55411-	Amount of Each Receipt this Period 19000.00		
FEC ID number of contributing federal political committee. C C00422410	Offsets to Operating Expenditure Note: Payroll Services		
Name of Employer H6MN05183 Occupation	Aggregate Year-to-Date ▼ 40900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ellison (Keith) for Congress		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006	
Mailing Address 1629 Bryant Ave N		Transaction ID: 60824.C355637	
City State Zip Code Minneapolis MN 55411-	Amount of Each Receipt this Period 19041.00		
FEC ID number of contributing federal political committee. C C00422410	Offsets to Operating Expenditure Note: Payroll Services		
Name of Employer H6MN05183 Occupation	Aggregate Year-to-Date ▼ 59941.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ellison (Keith) for Congress		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 1629 Bryant Ave N		Transaction ID: 60915.C356360	
City State Zip Code Minneapolis MN 55411-	Amount of Each Receipt this Period 19323.69		
FEC ID number of contributing federal political committee. C C00422410	Offsets to Operating Expenditure Note: Payroll Services		
Name of Employer H6MN05183 Occupation	Aggregate Year-to-Date ▼ 79264.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	57364.69
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 310
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Walz (Tim), For Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002-

FEC ID number of contributing federal political committee. **C** C00409409

Name of Employer HCMN01174 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: 60824.C355593

Amount of Each Receipt this Period
 200.00

Offsets to Operating Expenditure

Note: Office Rent

B. Full Name (Last, First, Middle Initial)
Wetterling 06

Mailing Address PO Box 251473

City Woodbury State MN Zip Code 55125-

FEC ID number of contributing federal political committee. **C** C00419721

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: 60809.C355521

Amount of Each Receipt this Period
 1200.00

Offsets to Operating Expenditure

Note: Office Rent

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	58764.69

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 310	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
MN Department of Finance

Mailing Address 658 Cedar St #400

City	State	Zip Code
Saint Paul	MN	55155-1603

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
47038.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	6

Transaction ID: 60824.C355614

Amount of Each Receipt this Period
20909.70

Other Receipt

NOTE: State Tax Checkoff

SUBTOTAL of Receipts This Page (optional)	▶	20909.70
TOTAL This Period (last page this line number only)	▶	20909.70

**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 39 / 310

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Ambassador Steel		Transaction ID: 60818.E22567 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 2800 Central Avenue NE		Amount of Each Disbursement this Period 2619.90
City Minneapolis State MN Zip Code 55418-	VOLUNTEER MATERIALS REBAR FOR LAWN SIGNS	
Purpose of Disbursement VOLUNTEER MATERIALS REBAR FOR LAWN SIGNS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Century Investments		Transaction ID: 60804.E22442 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 419385		Amount of Each Disbursement this Period 1184.96
City Kansas City State MO Zip Code 64141-	SIMPLE RETIREMENT	
Purpose of Disbursement SIMPLE RETIREMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Century Investments		Transaction ID: 60824.E23005 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO Box 419385		Amount of Each Disbursement this Period 1481.12
City Kansas City State MO Zip Code 64141-	SIMPLE RETIREMENT	
Purpose of Disbursement SIMPLE RETIREMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5285.98
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. AVVR Inc Full Name (Last, First, Middle Initial) Mailing Address 3994 Cedarvale Dr City Eagan State MN Zip Code 55122- Purpose of Disbursement SOUND STATE CONVENTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60905.E23145 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 4338.78 SOUND STATE CONVENTION
---	--	---

B. Blue Cross Blue Shield of MN Full Name (Last, First, Middle Initial) Mailing Address PO Box 64676 City Saint Paul State MN Zip Code 55164- Purpose of Disbursement HEALTH INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60905.E23146 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 1696.00 HEALTH INSURANCE
---	--	---

C. Mary Bonk Full Name (Last, First, Middle Initial) Mailing Address 328 Kimberly Rd City Willernie State MN Zip Code 55090- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E22444 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 865.90 PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	6900.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mary Bonk		Transaction ID: 60804.E22443 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 328 Kimberly Rd		Amount of Each Disbursement this Period 1189.16
City Willernie State MN Zip Code 55090-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mary Bonk		Transaction ID: 60818.E22886 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 328 Kimberly Rd		Amount of Each Disbursement this Period 1189.16
City Willernie State MN Zip Code 55090-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mary Bonk		Transaction ID: 60818.E22887 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 328 Kimberly Rd		Amount of Each Disbursement this Period 865.90
City Willernie State MN Zip Code 55090-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3244.22
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mary Bonk		Transaction ID: 60915.E23360 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 328 Kimberly Rd		Amount of Each Disbursement this Period 865.89
City Willernie State MN Zip Code 55090-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Mary Bonk		Transaction ID: 60915.E23359 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 328 Kimberly Rd		Amount of Each Disbursement this Period 1189.17
City Willernie State MN Zip Code 55090-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Ian Christy		Transaction ID: 60818.E22571 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 1503 Goodrivh Ave		Amount of Each Disbursement this Period 200.00
City Saint Paul State MN Zip Code 55105-	Purpose of Disbursement INTERN STIPEND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND

SUBTOTAL of Disbursements This Page (optional) ▶	2255.06
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Ian Christy		Transaction ID: 60818.E22892 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1503 Goodrivh Ave		Amount of Each Disbursement this Period 200.00
City Saint Paul State MN Zip Code 55105-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ian Christy		Transaction ID: 60915.E23361 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 1503 Goodrivh Ave		Amount of Each Disbursement this Period 200.00
City Saint Paul State MN Zip Code 55105-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Samuel Cialek		Transaction ID: 60818.E22582 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 713 Meadow Lane		Amount of Each Disbursement this Period 200.00
City Woodbury State MN Zip Code 55125-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Samuel Cialek		Transaction ID: 60818.E22910 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 713 Meadow Lane		Amount of Each Disbursement this Period 200.00
City Woodbury State MN Zip Code 55125-	Purpose of Disbursement INTERN STIPEND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND

Full Name (Last, First, Middle Initial) B. Samuel Cialek		Transaction ID: 60915.E23369 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 713 Meadow Lane		Amount of Each Disbursement this Period 200.00
City Woodbury State MN Zip Code 55125-	Purpose of Disbursement INTERN STIPEND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND

Full Name (Last, First, Middle Initial) C. Cooperative Printing		Transaction ID: 60818.E22568 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 1225 N 7th St		Amount of Each Disbursement this Period 490.02
City Minneapolis State MN Zip Code 55411-	Purpose of Disbursement CONVENTION MATERIALS - BALLOTS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONVENTION MATERIALS - BALLOTS

SUBTOTAL of Disbursements This Page (optional) ▶	890.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. EFTPS Payroll Tax - IRS		Transaction ID: 60804.E22445	
Mailing Address PO Box 4210		Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
City Iowa City	State IA	Zip Code 52244-	Amount of Each Disbursement this Period 2651.42
Purpose of Disbursement FED WH TAXES	Category/ Type		
Candidate Name	FED WH TAXES		
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. EFTPS Payroll Tax - IRS		Transaction ID: 60824.E23006	
Mailing Address PO Box 4210		Date of Disbursement MM / DD / YYYY 08 / 18 / 2006	
City Iowa City	State IA	Zip Code 52244-	Amount of Each Disbursement this Period 2614.44
Purpose of Disbursement FED WH TAXES	Category/ Type		
Candidate Name	FED WH TAXES		
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) C. Isaiah Ellison		Transaction ID: 60818.E22572	
Mailing Address 1629 Bryant Ave N		Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
City Minneapolis	State MN	Zip Code 55411-	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement INTERN STIPEND	Category/ Type		
Candidate Name	INTERN STIPEND		
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)	5465.86
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Isaiah Ellison Full Name (Last, First, Middle Initial) Mailing Address 1629 Bryant Ave N City Minneapolis State MN Zip Code 55411- Purpose of Disbursement MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22894 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 108.96 MILEAGE
--	--	---

B. Jason Engelhart Full Name (Last, First, Middle Initial) Mailing Address 8211 Nechas Cir City Eden Prairie State MN Zip Code 55347- Purpose of Disbursement INTERN STIPEND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22895 Date of Disbursement 08 / 10 / 2006 Amount of Each Disbursement this Period 100.00 INTERN STIPEND
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C. Naomi Gegolier Full Name (Last, First, Middle Initial) Mailing Address 3406 Humboldt Ave N City Minneapolis State MN Zip Code 55412- Purpose of Disbursement LODGING STATE CONVENTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22904 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 723.59 LODGING STATE CONVENTION
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SUBTOTAL of Disbursements This Page (optional) **932.55**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Graybow Communications		Transaction ID: 60905.E23149 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 5340 Cedar Lake Rd		Amount of Each Disbursement this Period 1360.00
City Saint Louis Park State MN Zip Code 55416-	STATE FAIR SOUND & VIDEO	
Purpose of Disbursement STATE FAIR SOUND & VIDEO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nik Hengel		Transaction ID: 60818.E22577 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 1093- 26th Ave SE		Amount of Each Disbursement this Period 200.00
City Minneapolis State MN Zip Code 55414-	INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nik Hengel		Transaction ID: 60818.E22905 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1093- 26th Ave SE		Amount of Each Disbursement this Period 200.00
City Minneapolis State MN Zip Code 55414-	INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1760.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nik Hengel		Transaction ID: 60915.E23366 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1093- 26th Ave SE		Amount of Each Disbursement this Period 200.00
City Minneapolis State MN Zip Code 55414-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hildebrand Tewes Consulting		Transaction ID: 60818.E22891 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 326 East Eighth St #105		Amount of Each Disbursement this Period 1500.00
City Sioux Falls State SD Zip Code 57103-	Category/ Type FIELD OPERATIONS CONSULTING	
Purpose of Disbursement FIELD OPERATIONS CONSULTING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Munazza Humayun		Transaction ID: 60818.E22576 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 2356 119 Circle NE		Amount of Each Disbursement this Period 200.00
City Blaine State MN Zip Code 55449-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Munazza Humayun		Transaction ID: 60818.E22903 Date of Disbursement 08 / 15 / 2006	
Mailing Address 2356 119 Circle NE		Amount of Each Disbursement this Period 100.00	
City Blaine State MN Zip Code 55449-	Purpose of Disbursement INTERN STIPEND	Category/ Type	INTERN STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Impact Printing		Transaction ID: 60818.E22893 Date of Disbursement 08 / 16 / 2006	
Mailing Address 1067 Rice St		Amount of Each Disbursement this Period 1155.60	
City Saint Paul State MN Zip Code 55117-	Purpose of Disbursement VOLUNTEER MATERIALS- KLOBUCHAR BUTTONS	Category/ Type	VOLUNTEER MATERIALS- KLOB- UCHAR BUTTONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Chelsea Kammerer		Transaction ID: 60905.E23147 Date of Disbursement 08 / 23 / 2006	
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 420.00	
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement REIMBURSEMENT:SEE BELOW	Category/ Type	REIMBURSEMENT:SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	1675.60
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Minnesota State Fair		Transaction ID: 70425.E28028 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1265 Snelling Ave N		Amount of Each Disbursement this Period 420.00
City Saint Paul State MN Zip Code 55108-	[MEMO ITEM] MEMO: STATE FAIR TICKETS - KAMMERER	
Purpose of Disbursement STATE FAIR TICKETS - KAMMERER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sally Kane		Transaction ID: 60818.E22580 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 5707 Hwy 7 #133		Amount of Each Disbursement this Period 100.00
City Saint Louis Park State MN Zip Code 55416-	Category/ Type	
Purpose of Disbursement INTERN STIPEND		INTERN STIPEND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sally Kane		Transaction ID: 60818.E22908 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 5707 Hwy 7 #133		Amount of Each Disbursement this Period 200.00
City Saint Louis Park State MN Zip Code 55416-	Category/ Type	
Purpose of Disbursement INTERN STIPEND		INTERN STIPEND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. David Kaplan		Transaction ID: 60804.E22446 Date of Disbursement 08 / 03 / 2006	
Mailing Address 444 Fry St		Amount of Each Disbursement this Period 1284.92	
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL		

Full Name (Last, First, Middle Initial) B. David Kaplan		Transaction ID: 60818.E22896 Date of Disbursement 08 / 16 / 2006	
Mailing Address 444 Fry St		Amount of Each Disbursement this Period 1284.92	
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL		

Full Name (Last, First, Middle Initial) C. David Kaplan		Transaction ID: 60915.E23362 Date of Disbursement 08 / 30 / 2006	
Mailing Address 444 Fry St		Amount of Each Disbursement this Period 1196.68	
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL		

SUBTOTAL of Disbursements This Page (optional) ▶	3766.52
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nicholas Kimball		Transaction ID: 60804.E22447 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 1501 Park Street #212		Amount of Each Disbursement this Period 1296.36
City White Bear Lake State MN Zip Code 55110-		
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nicholas Kimball		Transaction ID: 60818.E22897 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1501 Park Street #212		Amount of Each Disbursement this Period 1296.36
City White Bear Lake State MN Zip Code 55110-		
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nicholas Kimball		Transaction ID: 60915.E23363 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 1501 Park Street #212		Amount of Each Disbursement this Period 1296.38
City White Bear Lake State MN Zip Code 55110-		
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3889.10
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Sam Kramer		Transaction ID: 60818.E22581 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
Mailing Address 1049 25th Ave SE		Amount of Each Disbursement this Period 200.00	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement INTERN STIPEND	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INTERN STIPEND

Full Name (Last, First, Middle Initial) B. Sam Kramer		Transaction ID: 60818.E22909 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006	
Mailing Address 1049 25th Ave SE		Amount of Each Disbursement this Period 200.00	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement INTERN STIPEND	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INTERN STIPEND

Full Name (Last, First, Middle Initial) C. Sam Kramer		Transaction ID: 60915.E23368 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 1049 25th Ave SE		Amount of Each Disbursement this Period 200.00	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement INTERN STIPEND	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INTERN STIPEND

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Patrick Liddiard		Transaction ID: 60818.E22578 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 1325 W 27th Lane NE		Amount of Each Disbursement this Period 200.00
City Minneapolis State MN Zip Code 55408-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Patrick Liddiard		Transaction ID: 60818.E22907 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1325 W 27th Lane NE		Amount of Each Disbursement this Period 65.86
City Minneapolis State MN Zip Code 55408-	Category/ Type MILEAGE	
Purpose of Disbursement MILEAGE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Patrick Liddiard		Transaction ID: 60818.E22906 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1325 W 27th Lane NE		Amount of Each Disbursement this Period 200.00
City Minneapolis State MN Zip Code 55408-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	465.86
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Patrick Liddiard		Transaction ID: 60915.E23367 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1325 W 27th Lane NE		Amount of Each Disbursement this Period 100.00
City Minneapolis State MN Zip Code 55408-	Category/ Type INTERN STIPEND	
Purpose of Disbursement INTERN STIPEND		
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. Lit Happens		Transaction ID: 60905.E23150 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 522 3rd Ave SE		Amount of Each Disbursement this Period 1950.00
City Minneapolis State MN Zip Code 55414-	Category/ Type VOLUNTEER MATERIALS- KLOB- UCHAR STATE FAIR FLYER	
Purpose of Disbursement VOLUNTEER MATERIALS- KLOBUCHAR STATE FAI		
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) C. Max Hobbs Political Memorabilia		Transaction ID: 60818.E22901 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1136 Shirlyjean St		Amount of Each Disbursement this Period 3725.00
City Glendale State CA Zip Code 91208-	Category/ Type BUTTONS FOR STATE FAIR	
Purpose of Disbursement BUTTONS FOR STATE FAIR		
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) ▶	5775.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mayo Civic Center		Transaction ID: 60818.E22575 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 30 Civic Center Dr SE		Amount of Each Disbursement this Period 8274.18
City Rochester State MN Zip Code 55901-	Purpose of Disbursement STATE CONVENTION FACILITY RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STATE CONVENTION FACILITY RENTAL

Full Name (Last, First, Middle Initial) B. Jessica McIntosh		Transaction ID: 60804.E22448 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006
Mailing Address 255 E Plato		Amount of Each Disbursement this Period 1528.55
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Jessica McIntosh		Transaction ID: 60818.E22902 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 255 E Plato		Amount of Each Disbursement this Period 1428.48
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	11231.21
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jessica McIntosh		Transaction ID: 60915.E23365 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 255 E Plato		Amount of Each Disbursement this Period 1428.47
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Minnesota State Fair		Transaction ID: 60824.E23007 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 1265 Snelling Ave N		Amount of Each Disbursement this Period 245.00
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement TICKETS FOR FAIR	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TICKETS FOR FAIR

Full Name (Last, First, Middle Initial) C. Eric Mitchell		Transaction ID: 60824.E22948 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 772 Wheelock Pkwy E		Amount of Each Disbursement this Period 3500.00
City Saint Paul State MN Zip Code 55106-	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FIELD CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	5173.47
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Eric Mitchell		Transaction ID: 60905.E23148 Date of Disbursement MM / DD / YYYY 08 / 24 / 2006	
Mailing Address 772 Wheelock Pkwy E		Amount of Each Disbursement this Period 2500.00	
City Saint Paul State MN Zip Code 55106-	Purpose of Disbursement FIELD CONSULTING	Category/ Type FIELD CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MN Dept of Revenue		Transaction ID: 60804.E22449 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
Mailing Address PO Box 821		Amount of Each Disbursement this Period 451.00	
City Minneapolis State MN Zip Code 55480-	Purpose of Disbursement MN WH TAXES	Category/ Type MN WH TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MN Dept of Revenue		Transaction ID: 60824.E23008 Date of Disbursement MM / DD / YYYY 08 / 18 / 2006	
Mailing Address PO Box 821		Amount of Each Disbursement this Period 440.00	
City Minneapolis State MN Zip Code 55480-	Purpose of Disbursement MN WH TAXES	Category/ Type MN WH TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3391.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Principal Life Full Name (Last, First, Middle Initial) Mailing Address PO Box 14416 City Des Moines State IA Zip Code 50306- Purpose of Disbursement DENTAL INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22579 Date of Disbursement: MM / DD / YYYY 08 / 02 / 2006 Amount of Each Disbursement this Period 203.56 DENTAL INSURANCE
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B. John Schultz Full Name (Last, First, Middle Initial) Mailing Address PO Box 102 City Correll State MN Zip Code 56227- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E22450 Date of Disbursement: MM / DD / YYYY 08 / 04 / 2006 Amount of Each Disbursement this Period 1101.09 PAYROLL
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C. John Schultz Full Name (Last, First, Middle Initial) Mailing Address PO Box 102 City Correll State MN Zip Code 56227- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22911 Date of Disbursement: MM / DD / YYYY 08 / 16 / 2006 Amount of Each Disbursement this Period 1101.07 PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	2405.72
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. John Schultz Full Name (Last, First, Middle Initial) Mailing Address PO Box 102 City Correll State MN Zip Code 56227- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60915.E23370 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 1101.08 Category/Type PAYROLL
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B. Sunstone Hotel Properties Full Name (Last, First, Middle Initial) Mailing Address PO Box 1028 City Rochester State MN Zip Code 55903- Purpose of Disbursement CONVENTION PLANNING MEETINGS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22583 Date of Disbursement 08 / 03 / 2006 Amount of Each Disbursement this Period 4628.00 Category/Type CONVENTION PLANNING MEETINGS
--	--	--

C. Tigereye Design Inc Full Name (Last, First, Middle Initial) Mailing Address 11198 State Route 185 City Versailles State OH Zip Code 45380- Purpose of Disbursement DFL TSHIRTS FOR STATE FAIR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22584 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 4897.33 Category/Type DFL TSHIRTS FOR STATE FAIR
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SUBTOTAL of Disbursements This Page (optional) ▶	10626.41
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Tony Doom Supply Co Inc		Transaction ID: 60818.E22585 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 525		Amount of Each Disbursement this Period 2035.49
City Marshall	State MN	
Zip Code 56258-0525		DFL BALLOONS
Purpose of Disbursement DFL BALLOONS		
Candidate Name		Category/ Type
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. Tony Doom Supply Co Inc		Transaction ID: 60905.E23152 Date of Disbursement MM / DD / YYYY 08 / 23 / 2006
Mailing Address PO Box 525		Amount of Each Disbursement this Period 667.77
City Marshall	State MN	
Zip Code 56258-0525		DFL LANYARDS
Purpose of Disbursement DFL LANYARDS		
Candidate Name		Category/ Type
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) C. Tony Doom Supply Co Inc		Transaction ID: 60905.E23153 Date of Disbursement MM / DD / YYYY 08 / 23 / 2006
Mailing Address PO Box 525		Amount of Each Disbursement this Period 30619.88
City Marshall	State MN	
Zip Code 56258-0525		VOLUNTEER MATERIALS- KLOB- UCHAR LAWN SIGNS
Purpose of Disbursement VOLUNTEER MATERIALS- KLOBUCHAR LAWN SIGN		
Candidate Name		Category/ Type
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) ▶	33323.14
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Dustin Trice		Transaction ID: 60818.E22569 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 15300 37th Ave N #A210		Amount of Each Disbursement this Period 151.75
City Plymouth State MN Zip Code 55446-	MILEAGE	
Purpose of Disbursement MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Union House		Transaction ID: 60818.E22586 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 26796 Felton Avenue		Amount of Each Disbursement this Period 6520.00
City Wyoming State MN Zip Code 55092-	VOLUNTEER MATERIALS- KLOB- UCHAR SIGNS	
Purpose of Disbursement VOLUNTEER MATERIALS- KLOBUCHAR SIGNS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Union House		Transaction ID: 60905.E23154 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 26796 Felton Avenue		Amount of Each Disbursement this Period 3984.00
City Wyoming State MN Zip Code 55092-	VOLUNTEER MATERIALS- KLOB- UCHAR TSHIRTS	
Purpose of Disbursement VOLUNTEER MATERIALS- KLOBUCHAR TSHIRTS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10655.75
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. US Bank		Transaction ID: 60905.E23155 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 5th and Robert St		Amount of Each Disbursement this Period 200.00
City Saint Paul State MN Zip Code 55101-	Category/ Type	
Purpose of Disbursement CHANGE FOR STATE FAIR BOOTH		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CHANGE FOR STATE FAIR BOOTH

Full Name (Last, First, Middle Initial) B. Leah Wawrzyniak		Transaction ID: 60818.E22574 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 16100 21st Ave N		Amount of Each Disbursement this Period 200.00
City Plymouth State MN Zip Code 55447-	Category/ Type	
Purpose of Disbursement INTERN STIPEND		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND

Full Name (Last, First, Middle Initial) C. Leah Wawrzyniak		Transaction ID: 60818.E22900 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 16100 21st Ave N		Amount of Each Disbursement this Period 27.79
City Plymouth State MN Zip Code 55447-	Category/ Type	
Purpose of Disbursement REIMBURSEMENT:SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT:SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	427.79
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Leah Wawrzyniak		Transaction ID: 60818.E22899 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 16100 21st Ave N		Amount of Each Disbursement this Period 200.00	
City Plymouth State MN Zip Code 55447-	Purpose of Disbursement INTERN STIPEND	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND	

Full Name (Last, First, Middle Initial) B. Leah Wawrzyniak		Transaction ID: 60915.E23364 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 16100 21st Ave N		Amount of Each Disbursement this Period 200.00	
City Plymouth State MN Zip Code 55447-	Purpose of Disbursement INTERN STIPEND	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND	

Full Name (Last, First, Middle Initial) C. David Weinlick		Transaction ID: 60818.E22889 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 5941 Sheridan Ave S		Amount of Each Disbursement this Period 64.03	
City Minneapolis State MN Zip Code 55410-	Purpose of Disbursement REIMBURSEMENT:SEE BELOW	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT:SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	464.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Target		Transaction ID: 60919.E23702 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 1000 Nicollet Mall		Amount of Each Disbursement this Period 64.03
City Minneapolis State MN Zip Code 55403-	Purpose of Disbursement :MARKERS/POSTITS/CLEANINGSUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: :MARKERS/POSTITS/CL- EANINGSUPPLIES

Full Name (Last, First, Middle Initial) B. Emily Wheaton		Transaction ID: 60818.E22570 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006
Mailing Address 5109 Arden Avenue		Amount of Each Disbursement this Period 300.00
City Edina State MN Zip Code 55424-	Purpose of Disbursement INTERN STIPEND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERN STIPEND

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

123704.97

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Heather Abraham		Transaction ID: 60804.E22291 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
Mailing Address 517 Grant Ave		Amount of Each Disbursement this Period 449.68	
City North Mankato State MN Zip Code 56003-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Heather Abraham		Transaction ID: 60818.E22760 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006	
Mailing Address 517 Grant Ave		Amount of Each Disbursement this Period 261.22	
City North Mankato State MN Zip Code 56003-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

Full Name (Last, First, Middle Initial) C. Heather Abraham		Transaction ID: 60818.E22717 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 517 Grant Ave		Amount of Each Disbursement this Period 416.72	
City North Mankato State MN Zip Code 56003-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1127.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Heather Abraham		Transaction ID: 60918.E23531 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 517 Grant Ave		Amount of Each Disbursement this Period 416.71
City North Mankato State MN Zip Code 56003-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Russell Adams		Transaction ID: 60804.E22292 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 3317- 14th Ave S		Amount of Each Disbursement this Period 1449.18
City Minneapolis State MN Zip Code 55407-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Russell Adams		Transaction ID: 60818.E22718 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 3317- 14th Ave S		Amount of Each Disbursement this Period 1449.17
City Minneapolis State MN Zip Code 55407-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3315.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Russell Adams		Transaction ID: 60915.E23372 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3317- 14th Ave S		Amount of Each Disbursement this Period 1449.18
City Minneapolis State MN Zip Code 55407-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Century Investments		Transaction ID: 60804.E22324 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 419385		Amount of Each Disbursement this Period 1542.68
City Kansas City State MO Zip Code 64141-	FEA: SIMPLE RETIREMENT	
Purpose of Disbursement FEA: SIMPLE RETIREMENT Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Century Investments		Transaction ID: 60824.E23012 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO Box 419385		Amount of Each Disbursement this Period 1601.76
City Kansas City State MO Zip Code 64141-	FEA: SIMPLE RETIREMENT	
Purpose of Disbursement FEA: SIMPLE RETIREMENT Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4593.62
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Ari Systems		Transaction ID: 60814.E22521 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3600 Kennebec Dr #3B		Amount of Each Disbursement this Period 5000.00
City Eagan State MN Zip Code 55122-	Purpose of Disbursement FEA: VOTER ID PHONING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: VOTER ID PHONING

Full Name (Last, First, Middle Initial) B. Jonpaul Barrabee		Transaction ID: 60814.E22532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 650 Windward Cir		Amount of Each Disbursement this Period 65.50
City Tucson State AZ Zip Code 85705-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Jonpaul Barrabee		Transaction ID: 60804.E22293 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 650 Windward Cir		Amount of Each Disbursement this Period 504.28
City Tucson State AZ Zip Code 85705-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	5569.78
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jonpaul Barrabee		Transaction ID: 60818.E22722 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 650 Windward Cir		Amount of Each Disbursement this Period 471.32
City Tucson State AZ Zip Code 85705-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jonpaul Barrabee		Transaction ID: 60905.E23108 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 650 Windward Cir		Amount of Each Disbursement this Period 51.00
City Tucson State AZ Zip Code 85705-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jonpaul Barrabee		Transaction ID: 60915.E23408 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 650 Windward Cir		Amount of Each Disbursement this Period 48.00
City Tucson State AZ Zip Code 85705-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	570.32
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jonpaul Barrabee		Transaction ID: 60918.E23532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 650 Windward Cir		Amount of Each Disbursement this Period 471.31
City Tucson State AZ Zip Code 85705-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Beckel		Transaction ID: 60814.E22537 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 207 River Oaks Drive		Amount of Each Disbursement this Period 77.93
City Cold Spring State MN Zip Code 56320-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Michael Beckel		Transaction ID: 60804.E22294 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 207 River Oaks Drive		Amount of Each Disbursement this Period 512.38
City Cold Spring State MN Zip Code 56320-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1061.62
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Michael Beckel		Transaction ID: 60818.E22799 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 207 River Oaks Drive		Amount of Each Disbursement this Period 183.95
City Cold Spring State MN Zip Code 56320-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Michael Beckel		Transaction ID: 60818.E22723 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 207 River Oaks Drive		Amount of Each Disbursement this Period 434.08
City Cold Spring State MN Zip Code 56320-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Michael Beckel		Transaction ID: 60915.E23444 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 207 River Oaks Drive		Amount of Each Disbursement this Period 195.78
City Cold Spring State MN Zip Code 56320-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	813.81
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Michael Beckel		Transaction ID: 60918.E23533 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 207 River Oaks Drive		Amount of Each Disbursement this Period 434.08
City Cold Spring State MN Zip Code 56320-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Blue Cross Blue Shield of MN		Transaction ID: 60905.E23105 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address PO Box 64676		Amount of Each Disbursement this Period 22928.00
City Saint Paul State MN Zip Code 55164-	FEA: HEALTH INSURANCE	
Purpose of Disbursement FEA: HEALTH INSURANCE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Erin Boeke Burke		Transaction ID: 60818.E22724 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 1467 Goodrich Avenue		Amount of Each Disbursement this Period 529.18
City Saint Paul State MN Zip Code 55105-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	23891.26
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Erin Boeke Burke		Transaction ID: 60915.E23391 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1467 Goodrich Avenue		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55105-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Erin Boeke Burke		Transaction ID: 60918.E23534 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1467 Goodrich Avenue		Amount of Each Disbursement this Period 449.68
City Saint Paul State MN Zip Code 55105-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joshua Brand		Transaction ID: 60818.E22772 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 132 Springhouse Road		Amount of Each Disbursement this Period 126.25
City Cherry Hill State NJ Zip Code 08002-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	615.93
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Joshua Brand		Transaction ID: 60818.E22725 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 132 Springhouse Road		Amount of Each Disbursement this Period 590.68
City State Zip Code Cherry Hill NJ 08002-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Joshua Brand		Transaction ID: 60915.E23410 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 132 Springhouse Road		Amount of Each Disbursement this Period 176.00
City State Zip Code Cherry Hill NJ 08002-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Joshua Brand		Transaction ID: 60918.E23535 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 132 Springhouse Road		Amount of Each Disbursement this Period 434.08
City State Zip Code Cherry Hill NJ 08002-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1200.76
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jonathon Bray		Transaction ID: 60818.E22771 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006	
Mailing Address 2731 North 11th St		Amount of Each Disbursement this Period 127.39	
City Sheboygan State WI Zip Code 53083-	Purpose of Disbursement FEA: MILEAGE	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:	FEA: MILEAGE		

Full Name (Last, First, Middle Initial) B. Jonathon Bray		Transaction ID: 60818.E22726 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 2731 North 11th St		Amount of Each Disbursement this Period 607.48	
City Sheboygan State WI Zip Code 53083-	Purpose of Disbursement FEA PAYROLL	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:	FEA PAYROLL		

Full Name (Last, First, Middle Initial) C. Jonathon Bray		Transaction ID: 60915.E23407 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 2731 North 11th St		Amount of Each Disbursement this Period 86.05	
City Sheboygan State WI Zip Code 53083-	Purpose of Disbursement FEA: MILEAGE	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:	FEA: MILEAGE		

SUBTOTAL of Disbursements This Page (optional) ▶	820.92
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jonathon Bray		Transaction ID: 60918.E23536 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 2731 North 11th St		Amount of Each Disbursement this Period 449.68
City Sheboygan State WI Zip Code 53083-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Louise Brown		Transaction ID: 60915.E23376 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 3121 Portland Ave S		Amount of Each Disbursement this Period 1109.69
City Minneapolis State MN Zip Code 55407-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Brett Buckner		Transaction ID: 60804.E22295 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 2112 Russell Ave N		Amount of Each Disbursement this Period 996.62
City Minneapolis State MN Zip Code 55411-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2555.99
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Brett Buckner		Transaction ID: 60818.E22728 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 2112 Russell Ave N		Amount of Each Disbursement this Period 996.61	
City Minneapolis State MN Zip Code 55411-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Brett Buckner		Transaction ID: 60915.E23377 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 2112 Russell Ave N		Amount of Each Disbursement this Period 996.62	
City Minneapolis State MN Zip Code 55411-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Erin Bzymek		Transaction ID: 60814.E22526 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 20830 Woodland Glen #210		Amount of Each Disbursement this Period 153.75	
City Oakdale State MN Zip Code 55128-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	2146.98
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Erin Bzymek		Transaction ID: 60804.E22296 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 20830 Woodland Glen #210		Amount of Each Disbursement this Period 417.88
City State Zip Code Oakdale MN 55128-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Erin Bzymek		Transaction ID: 60818.E22751 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 20830 Woodland Glen #210		Amount of Each Disbursement this Period 167.75
City State Zip Code Oakdale MN 55128-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Erin Bzymek		Transaction ID: 60818.E22729 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 20830 Woodland Glen #210		Amount of Each Disbursement this Period 417.88
City State Zip Code Oakdale MN 55128-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1003.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Erin Bzymek		Transaction ID: 60915.E23392 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 20830 Woodland Glen #210		Amount of Each Disbursement this Period 240.50
City State Zip Code Oakdale MN 55128-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Erin Bzymek		Transaction ID: 60918.E23537 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 20830 Woodland Glen #210		Amount of Each Disbursement this Period 417.88
City State Zip Code Oakdale MN 55128-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Richard Carlbom		Transaction ID: 60814.E22543 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 818 E Minnesota St		Amount of Each Disbursement this Period 276.86
City State Zip Code Saint Joseph MN 56374-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	935.24
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Richard Carlbom		Transaction ID: 60804.E22297 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 818 E Minnesota St		Amount of Each Disbursement this Period 110.82
City Saint Joseph State MN Zip Code 56374-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard Carlbom		Transaction ID: 60818.E22730 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 818 E Minnesota St		Amount of Each Disbursement this Period 110.82
City Saint Joseph State MN Zip Code 56374-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard Carlbom		Transaction ID: 60905.E23112 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 818 E Minnesota St		Amount of Each Disbursement this Period 235.75
City Saint Joseph State MN Zip Code 56374-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	457.39
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Richard Carlbom		Transaction ID: 60915.E23451 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 818 E Minnesota St		Amount of Each Disbursement this Period 208.00
City Saint Joseph State MN Zip Code 56374-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard Carlbom		Transaction ID: 60918.E23538 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 818 E Minnesota St		Amount of Each Disbursement this Period 110.82
City Saint Joseph State MN Zip Code 56374-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Donna Cassutt		Transaction ID: 60915.E23380 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 815 E 61st St		Amount of Each Disbursement this Period 1272.77
City Minneapolis State MN Zip Code 55417-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1591.59
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jennette Cleland		Transaction ID: 60804.E22298 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1339 Bayard Ave		Amount of Each Disbursement this Period 515.15
City Saint Paul State MN Zip Code 55116-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jennette Cleland		Transaction ID: 60818.E22767 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1339 Bayard Ave		Amount of Each Disbursement this Period 548.75
City Saint Paul State MN Zip Code 55116-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jennette Cleland		Transaction ID: 60818.E22733 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 1339 Bayard Ave		Amount of Each Disbursement this Period 482.19
City Saint Paul State MN Zip Code 55116-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1546.09
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jennette Cleland		Transaction ID: 60918.E23539 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 1339 Bayard Ave		Amount of Each Disbursement this Period 482.18
City Saint Paul State MN Zip Code 55116-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. David Colling		Transaction ID: 60804.E22299 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 3057 Tyler St NE		Amount of Each Disbursement this Period 1720.88
City Minneapolis State MN Zip Code 55418-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. David Colling		Transaction ID: 60818.E22734 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 3057 Tyler St NE		Amount of Each Disbursement this Period 1720.87
City Minneapolis State MN Zip Code 55418-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3923.93
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. David Colling Full Name (Last, First, Middle Initial) Mailing Address 3057 Tyler St NE City Minneapolis State MN Zip Code 55418- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60915.E23383 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 1720.88 FEA PAYROLL
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B. Ella Comeau Full Name (Last, First, Middle Initial) Mailing Address 5104 14th Ave S City Minneapolis State MN Zip Code 55417- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E22300 Date of Disbursement 08 / 03 / 2006 Amount of Each Disbursement this Period 596.63 FEA PAYROLL
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C. Ella Comeau Full Name (Last, First, Middle Initial) Mailing Address 5104 14th Ave S City Minneapolis State MN Zip Code 55417- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22735 Date of Disbursement 08 / 16 / 2006 Amount of Each Disbursement this Period 411.84 FEA PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	2729.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kathryn Cosse		Transaction ID: 60818.E22736 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 3257 Daytona Avenue		Amount of Each Disbursement this Period 590.16
City Cincinnati State OH Zip Code 45211-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Kathryn Cosse		Transaction ID: 60905.E23109 Date of Disbursement MM / DD / YYYY 08 / 23 / 2006
Mailing Address 3257 Daytona Avenue		Amount of Each Disbursement this Period 26.10
City Cincinnati State OH Zip Code 45211-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Kathryn Cosse		Transaction ID: 60918.E23540 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 3257 Daytona Avenue		Amount of Each Disbursement this Period 434.08
City Cincinnati State OH Zip Code 45211-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1050.34
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Paul Cumings		Transaction ID: 60814.E22540 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 500 Third St Box 5		Amount of Each Disbursement this Period 428.50
City Grove City State MN Zip Code 56243-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paul Cumings		Transaction ID: 60804.E22301 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 500 Third St Box 5		Amount of Each Disbursement this Period 434.08
City Grove City State MN Zip Code 56243-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paul Cumings		Transaction ID: 60818.E22737 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 500 Third St Box 5		Amount of Each Disbursement this Period 401.11
City Grove City State MN Zip Code 56243-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1263.69
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Paul Cumings		Transaction ID: 60915.E23449 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 500 Third St Box 5		Amount of Each Disbursement this Period 457.50
City Grove City State MN Zip Code 56243-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paul Cumings		Transaction ID: 60918.E23541 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 500 Third St Box 5		Amount of Each Disbursement this Period 401.12
City Grove City State MN Zip Code 56243-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joseph Cupka		Transaction ID: 60804.E22302 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 5524- 105th Ave		Amount of Each Disbursement this Period 449.68
City Brooklyn Park State MN Zip Code 55443-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1308.30
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Joseph Cupka		Transaction ID: 60818.E22738 Date of Disbursement 08 / 16 / 2006	
Mailing Address 5524- 105th Ave		Amount of Each Disbursement this Period 420.22	
City Brooklyn Park	State MN	Zip Code 55443-	Category/ Type FEA PAYROLL
Purpose of Disbursement FEA PAYROLL		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. Joseph Cupka		Transaction ID: 60915.E23409 Date of Disbursement 08 / 30 / 2006	
Mailing Address 5524- 105th Ave		Amount of Each Disbursement this Period 40.00	
City Brooklyn Park	State MN	Zip Code 55443-	Category/ Type FEA: CELL PHONE
Purpose of Disbursement FEA: CELL PHONE		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) C. Joseph Cupka		Transaction ID: 60918.E23542 Date of Disbursement 08 / 31 / 2006	
Mailing Address 5524- 105th Ave		Amount of Each Disbursement this Period 420.22	
City Brooklyn Park	State MN	Zip Code 55443-	Category/ Type FEA PAYROLL
Purpose of Disbursement FEA PAYROLL		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) ▶	880.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Alex Cutler		Transaction ID: 60818.E22739 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 5127 Belmont Avenue S		Amount of Each Disbursement this Period 434.08
City Minneapolis State MN Zip Code 55419-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Alex Cutler		Transaction ID: 60915.E23384 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 5127 Belmont Avenue S		Amount of Each Disbursement this Period 482.30
City Minneapolis State MN Zip Code 55419-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Monica Dooner		Transaction ID: 60818.E22742 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 209 8th St E #402		Amount of Each Disbursement this Period 499.81
City Saint Paul State MN Zip Code 55101-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1416.19
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Monica Dooner		Transaction ID: 60918.E23543 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 209 8th St E #402		Amount of Each Disbursement this Period 499.81
City Saint Paul State MN Zip Code 55101-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeremy Drucker		Transaction ID: 60804.E22303 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 5121 Bryant Ave S		Amount of Each Disbursement this Period 558.35
City Minneapolis State MN Zip Code 55419-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jeremy Drucker		Transaction ID: 60818.E22743 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 5121 Bryant Ave S		Amount of Each Disbursement this Period 389.23
City Minneapolis State MN Zip Code 55419-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1447.39
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jeremy Drucker		Transaction ID: 60915.E23387 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 5121 Bryant Ave S		Amount of Each Disbursement this Period 389.24
City Minneapolis State MN Zip Code 55419-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sarah Duevel		Transaction ID: 60814.E22518 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 13776 Fenwick Circle		Amount of Each Disbursement this Period 60.00
City Eden Prairie State MN Zip Code 55346-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sarah Duevel		Transaction ID: 60814.E22544 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 13776 Fenwick Circle		Amount of Each Disbursement this Period 651.50
City Eden Prairie State MN Zip Code 55346-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1100.74
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Sarah Duevel		Transaction ID: 60915.E23452 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 13776 Fenwick Circle		Amount of Each Disbursement this Period 1126.75
City Eden Prairie State MN Zip Code 55346-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jenna Duuenhoegger		Transaction ID: 60818.E22745 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2601 Fremont Ave S #302		Amount of Each Disbursement this Period 298.64
City Minneapolis State MN Zip Code 55408-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jenna Duuenhoegger		Transaction ID: 60915.E23399 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2601 Fremont Ave S #302		Amount of Each Disbursement this Period 40.00
City Minneapolis State MN Zip Code 55408-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1465.39
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jenna Duuenhoeffer		Transaction ID: 60918.E23544 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 2601 Fremont Ave S #302		Amount of Each Disbursement this Period 417.88
City State Zip Code Minneapolis MN 55408-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Theodore Eastman III		Transaction ID: 60818.E22834 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 19822 78th Ave SE		Amount of Each Disbursement this Period 203.50
City State Zip Code Snohomish WA 98296-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Theodore Eastman III		Transaction ID: 60818.E22746 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 19822 78th Ave SE		Amount of Each Disbursement this Period 590.65
City State Zip Code Snohomish WA 98296-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1212.03
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Theodore Eastman III		Transaction ID: 60915.E23454 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 19822 78th Ave SE		Amount of Each Disbursement this Period 148.25
City Snohomish State WA Zip Code 98296-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Theodore Eastman III		Transaction ID: 60918.E23545 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 19822 78th Ave SE		Amount of Each Disbursement this Period 434.08
City Snohomish State WA Zip Code 98296-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. EFTPS Payroll Tax - IRS		Transaction ID: 60804.E22325 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 4210		Amount of Each Disbursement this Period 14920.06
City Iowa City State IA Zip Code 52244-	FEA: FED WH TAXES	
Purpose of Disbursement FEA: FED WH TAXES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	15502.39
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. EFTPS Payroll Tax - IRS		Transaction ID: 60824.E23013 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO Box 4210		Amount of Each Disbursement this Period 19138.64
City Iowa City State IA Zip Code 52244-	Purpose of Disbursement FEA: FED WH TAXES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: FED WH TAXES

Full Name (Last, First, Middle Initial) B. Joe Ellickson		Transaction ID: 60814.E22531 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 616 6th Avenue SE		Amount of Each Disbursement this Period 544.00
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Joe Ellickson		Transaction ID: 60804.E22304 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 616 6th Avenue SE		Amount of Each Disbursement this Period 918.55
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	20601.19
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Joe Ellickson		Transaction ID: 60818.E22770 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 616 6th Avenue SE		Amount of Each Disbursement this Period 89.20	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

Full Name (Last, First, Middle Initial) B. Joe Ellickson		Transaction ID: 60818.E22747 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 616 6th Avenue SE		Amount of Each Disbursement this Period 918.55	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Joe Ellickson		Transaction ID: 60915.E23404 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 616 6th Avenue SE		Amount of Each Disbursement this Period 342.72	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	1350.47
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

<p>A. Full Name (Last, First, Middle Initial) Joe Ellickson</p>		<p>Transaction ID: 60915.E23389 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	1		2	0	0	6														
<p>Mailing Address 616 6th Avenue SE</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>918.55</td> </tr> </table> </p>		918.55																			
918.55																							
<p>City Minneapolis State MN Zip Code 55414-</p>	<p>Purpose of Disbursement FEA PAYROLL</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>FEA PAYROLL</p>																						

<p>B. Full Name (Last, First, Middle Initial) Lori Elliot</p>		<p>Transaction ID: 60818.E22748 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	6		2	0	0	6														
<p>Mailing Address 705 W Putnam Street</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>607.45</td> </tr> </table> </p>		607.45																			
607.45																							
<p>City Fayetteville State AR Zip Code 72701-</p>	<p>Purpose of Disbursement FEA PAYROLL</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>FEA PAYROLL</p>																						

<p>C. Full Name (Last, First, Middle Initial) Lori Elliot</p>		<p>Transaction ID: 60915.E23421 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	0		2	0	0	6														
<p>Mailing Address 705 W Putnam Street</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>40.00</td> </tr> </table> </p>		40.00																			
40.00																							
<p>City Fayetteville State AR Zip Code 72701-</p>	<p>Purpose of Disbursement FEA: CELL PHONE</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>FEA: CELL PHONE</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1566.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Lori Elliot Full Name (Last, First, Middle Initial) Mailing Address 705 W Putnam Street City Fayetteville State AR Zip Code 72701- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60918.E23546 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 449.68 Category/Type FEA PAYROLL
--	--	--

B. Alexandra Ellison Full Name (Last, First, Middle Initial) Mailing Address 3331 15th Ave S City Minneapolis State MN Zip Code 55407- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E22305 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 817.71 Category/Type FEA PAYROLL
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C. Alexandra Ellison Full Name (Last, First, Middle Initial) Mailing Address 3331 15th Ave S City Minneapolis State MN Zip Code 55407- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22749 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 817.69 Category/Type FEA PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶

2085.08

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 310

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Alexandra Ellison		Transaction ID: 60915.E23390 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 3331 15th Ave S		Amount of Each Disbursement this Period 1148.94	
City Minneapolis State MN Zip Code 55407-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Jeremiah Ellison		Transaction ID: 60804.E22306 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 1629 Bryant Ave N		Amount of Each Disbursement this Period 565.65	
City Minneapolis State MN Zip Code 55411-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Jeremiah Ellison		Transaction ID: 60818.E22750 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 1629 Bryant Ave N		Amount of Each Disbursement this Period 247.03	
City Minneapolis State MN Zip Code 55411-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1961.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 101 / 310

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Embarq Full Name (Last, First, Middle Initial) Mailing Address PO Box 219505 City Kansas City State MO Zip Code 64121- Purpose of Disbursement FEA: PHONE BANK PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60905.E23107 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 185.66 FEA: PHONE BANK PHONES
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B. Alex Falconer Full Name (Last, First, Middle Initial) Mailing Address 1517- 5th St W City Red Wing State MN Zip Code 55066- Purpose of Disbursement FEA: MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60814.E22519 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 403.00 FEA: MILEAGE
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C. Alex Falconer Full Name (Last, First, Middle Initial) Mailing Address 1517- 5th St W City Red Wing State MN Zip Code 55066- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E22307 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 110.82 FEA PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	699.48
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Alex Falconer		Transaction ID: 60818.E22719 Date of Disbursement 08 / 15 / 2006	
Mailing Address 1517- 5th St W		Amount of Each Disbursement this Period 247.75	
City Red Wing State MN Zip Code 55066-	Purpose of Disbursement FEA: MILEAGE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Alex Falconer		Transaction ID: 60818.E22752 Date of Disbursement 08 / 16 / 2006	
Mailing Address 1517- 5th St W		Amount of Each Disbursement this Period 110.82	
City Red Wing State MN Zip Code 55066-	Purpose of Disbursement FEA PAYROLL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Alex Falconer		Transaction ID: 60915.E23373 Date of Disbursement 08 / 30 / 2006	
Mailing Address 1517- 5th St W		Amount of Each Disbursement this Period 301.75	
City Red Wing State MN Zip Code 55066-	Purpose of Disbursement FEA: MILEAGE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	660.32
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Alex Falconer		Transaction ID: 60918.E23547 Date of Disbursement 08 / 31 / 2006	
Mailing Address 1517- 5th St W		Amount of Each Disbursement this Period 110.82	
City Red Wing State MN Zip Code 55066-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Bryan Fisher		Transaction ID: 60814.E22522 Date of Disbursement 08 / 01 / 2006	
Mailing Address 22716 Vick Dr		Amount of Each Disbursement this Period 690.00	
City Rapid City State SD Zip Code 57702-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

Full Name (Last, First, Middle Initial) C. Bryan Fisher		Transaction ID: 60804.E22308 Date of Disbursement 08 / 03 / 2006	
Mailing Address 22716 Vick Dr		Amount of Each Disbursement this Period 417.88	
City Rapid City State SD Zip Code 57702-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1218.70
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Bryan Fisher		Transaction ID: 60818.E22727 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 22716 Vick Dr		Amount of Each Disbursement this Period 428.75
City Rapid City State SD Zip Code 57702-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Bryan Fisher		Transaction ID: 60818.E22753 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 22716 Vick Dr		Amount of Each Disbursement this Period 384.91
City Rapid City State SD Zip Code 57702-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Bryan Fisher		Transaction ID: 60915.E23375 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 22716 Vick Dr		Amount of Each Disbursement this Period 476.50
City Rapid City State SD Zip Code 57702-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1290.16
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 310

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Bryan Fisher		Transaction ID: 60918.E23548 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 22716 Vick Dr		Amount of Each Disbursement this Period 384.92
City Rapid City State SD Zip Code 57702-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Matthew Forbes		Transaction ID: 60814.E22536 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 8367 Rich Rd		Amount of Each Disbursement this Period 82.50
City Bloomington State MN Zip Code 55437-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Matthew Forbes		Transaction ID: 60804.E22309 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 8367 Rich Rd		Amount of Each Disbursement this Period 417.88
City Bloomington State MN Zip Code 55437-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	885.30
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 310

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Matthew Forbes		Transaction ID: 60818.E22794 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 8367 Rich Rd		Amount of Each Disbursement this Period 36.00
City Bloomington State MN Zip Code 55437-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Matthew Forbes		Transaction ID: 60818.E22754 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 8367 Rich Rd		Amount of Each Disbursement this Period 384.91
City Bloomington State MN Zip Code 55437-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Matthew Forbes		Transaction ID: 60915.E23442 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 8367 Rich Rd		Amount of Each Disbursement this Period 95.50
City Bloomington State MN Zip Code 55437-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	516.41
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Matthew Forbes		Transaction ID: 60918.E23549 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 8367 Rich Rd		Amount of Each Disbursement this Period 384.92
City Bloomington State MN Zip Code 55437-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Michael Gabiou		Transaction ID: 60814.E22538 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1401 Indian Oaks Tr		Amount of Each Disbursement this Period 216.25
City Arden Hills State MN Zip Code 55112-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Michael Gabiou		Transaction ID: 60804.E22310 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1401 Indian Oaks Tr		Amount of Each Disbursement this Period 430.69
City Arden Hills State MN Zip Code 55112-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1031.86
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Michael Gabiou		Transaction ID: 60818.E22800 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 1401 Indian Oaks Tr		Amount of Each Disbursement this Period 325.50
City Arden Hills State MN Zip Code 55112-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Michael Gabiou		Transaction ID: 60818.E22755 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1401 Indian Oaks Tr		Amount of Each Disbursement this Period 430.70
City Arden Hills State MN Zip Code 55112-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Michael Gabiou		Transaction ID: 60915.E23445 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 1401 Indian Oaks Tr		Amount of Each Disbursement this Period 279.25
City Arden Hills State MN Zip Code 55112-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	1035.45
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Michael Gabiou		Transaction ID: 60918.E23550 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1401 Indian Oaks Tr		Amount of Each Disbursement this Period 430.70
City Arden Hills State MN Zip Code 55112-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. David Griggs		Transaction ID: 60818.E22741 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 3821 Lynn Ave S		Amount of Each Disbursement this Period 20.87
City Saint Louis Park State MN Zip Code 55416-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. David Griggs		Transaction ID: 60818.E22756 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3821 Lynn Ave S		Amount of Each Disbursement this Period 628.61
City Saint Louis Park State MN Zip Code 55416-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1080.18
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. David Griggs		Transaction ID: 60915.E23386 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 3821 Lynn Ave S		Amount of Each Disbursement this Period 56.94
City Saint Louis Park State MN Zip Code 55416-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. David Griggs		Transaction ID: 60918.E23551 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3821 Lynn Ave S		Amount of Each Disbursement this Period 628.63
City Saint Louis Park State MN Zip Code 55416-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Simone Hardeman		Transaction ID: 60804.E22311 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1801 Spring Valley Rd		Amount of Each Disbursement this Period 434.08
City Golden Valley State MN Zip Code 55422-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1119.65
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Simone Hardeman		Transaction ID: 60818.E22828 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1801 Spring Valley Rd		Amount of Each Disbursement this Period 57.59
City Golden Valley State MN Zip Code 55422-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Simone Hardeman		Transaction ID: 60818.E22757 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 1801 Spring Valley Rd		Amount of Each Disbursement this Period 401.12
City Golden Valley State MN Zip Code 55422-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Simone Hardeman		Transaction ID: 60918.E23552 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1801 Spring Valley Rd		Amount of Each Disbursement this Period 401.11
City Golden Valley State MN Zip Code 55422-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	859.82
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Leigh Hartman		Transaction ID: 60818.E22784 Date of Disbursement 08 / 15 / 2006
Mailing Address 315 West 23rd Street		Amount of Each Disbursement this Period 1100.00
City New York State NY Zip Code 10011-	Purpose of Disbursement FEA: RESEARCH CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: RESEARCH CONSULTING

Full Name (Last, First, Middle Initial) B. Leigh Hartman		Transaction ID: 60915.E23419 Date of Disbursement 08 / 30 / 2006
Mailing Address 315 West 23rd Street		Amount of Each Disbursement this Period 1100.00
City New York State NY Zip Code 10011-	Purpose of Disbursement FEA: RESEARCH CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: RESEARCH CONSULTING

Full Name (Last, First, Middle Initial) C. Caitlin Harvey		Transaction ID: 60818.E22758 Date of Disbursement 08 / 16 / 2006
Mailing Address 1001 Spring Street #816		Amount of Each Disbursement this Period 607.45
City Silver Spring State MD Zip Code 20910-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2807.45
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Caitlin Harvey		Transaction ID: 60905.E23106 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1001 Spring Street #816		Amount of Each Disbursement this Period 127.75
City Silver Spring State MD Zip Code 20910-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Caitlin Harvey		Transaction ID: 60915.E23378 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1001 Spring Street #816		Amount of Each Disbursement this Period 283.25
City Silver Spring State MD Zip Code 20910-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Caitlin Harvey		Transaction ID: 60918.E23553 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1001 Spring Street #816		Amount of Each Disbursement this Period 449.68
City Silver Spring State MD Zip Code 20910-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	860.68
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Justin Hatmaker		Transaction ID: 60814.E22533 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 6003 Edson St		Amount of Each Disbursement this Period 290.25
City Vermilion State OH Zip Code 44089-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Justin Hatmaker		Transaction ID: 60804.E22312 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 6003 Edson St		Amount of Each Disbursement this Period 614.56
City Vermilion State OH Zip Code 44089-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Justin Hatmaker		Transaction ID: 60818.E22773 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 6003 Edson St		Amount of Each Disbursement this Period 176.45
City Vermilion State OH Zip Code 44089-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1081.26
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Justin Hatmaker		Transaction ID: 60818.E22759 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 6003 Edson St		Amount of Each Disbursement this Period 614.57
City Vermilion State OH Zip Code 44089-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Justin Hatmaker		Transaction ID: 60915.E23411 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 6003 Edson St		Amount of Each Disbursement this Period 224.50
City Vermilion State OH Zip Code 44089-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Justin Hatmaker		Transaction ID: 60918.E23554 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 6003 Edson St		Amount of Each Disbursement this Period 614.57
City Vermilion State OH Zip Code 44089-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1453.64

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

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mark Henson		Transaction ID: 60814.E22535 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 4315- 2nd Rd N #4		Amount of Each Disbursement this Period 222.25	
City Arlington	State VA	Zip Code 22203-	Category/ Type
Purpose of Disbursement FEA: MILEAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA: MILEAGE	

Full Name (Last, First, Middle Initial) B. Mark Henson		Transaction ID: 60804.E22313 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 4315- 2nd Rd N #4		Amount of Each Disbursement this Period 571.97	
City Arlington	State VA	Zip Code 22203-	Category/ Type
Purpose of Disbursement FEA PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Mark Henson		Transaction ID: 60818.E22791 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 4315- 2nd Rd N #4		Amount of Each Disbursement this Period 114.25	
City Arlington	State VA	Zip Code 22203-	Category/ Type
Purpose of Disbursement FEA: MILEAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA: MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	908.47
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mark Henson		Transaction ID: 60818.E22847 Date of Disbursement 08 / 16 / 2006	
Mailing Address 4315- 2nd Rd N #4		Amount of Each Disbursement this Period 571.97	
City Arlington	State VA	Zip Code 22203-	FEA PAYROLL
Purpose of Disbursement FEA PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Henson		Transaction ID: 60915.E23441 Date of Disbursement 08 / 30 / 2006	
Mailing Address 4315- 2nd Rd N #4		Amount of Each Disbursement this Period 280.25	
City Arlington	State VA	Zip Code 22203-	FEA: MILEAGE
Purpose of Disbursement FEA: MILEAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Henson		Transaction ID: 60918.E23555 Date of Disbursement 08 / 31 / 2006	
Mailing Address 4315- 2nd Rd N #4		Amount of Each Disbursement this Period 571.96	
City Arlington	State VA	Zip Code 22203-	FEA PAYROLL
Purpose of Disbursement FEA PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1424.18
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Hickory Tech		Transaction ID: 60818.E22762 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006	
Mailing Address PO Box 64919		Amount of Each Disbursement this Period 233.67	
City Mankato State MN Zip Code 56001-	Purpose of Disbursement FEA: PHONE BANK PHONES Candidate Name	Category/ Type	FEA: PHONE BANK PHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jennifer Holcomb		Transaction ID: 60814.E22510 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 4711 Okpealuk Ct		Amount of Each Disbursement this Period 40.00	
City Rapid City State SD Zip Code 57702-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	Category/ Type	FEA: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer Holcomb		Transaction ID: 60804.E22314 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
Mailing Address 4711 Okpealuk Ct		Amount of Each Disbursement this Period 417.62	
City Rapid City State SD Zip Code 57702-	Purpose of Disbursement FEA PAYROLL Candidate Name	Category/ Type	FEA PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	691.29
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jennifer Holcomb		Transaction ID: 60818.E22761 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 4711 Okpealuk Ct		Amount of Each Disbursement this Period 417.63
City Rapid City State SD Zip Code 57702-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jennifer Holcomb		Transaction ID: 60915.E23400 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 4711 Okpealuk Ct		Amount of Each Disbursement this Period 40.00
City Rapid City State SD Zip Code 57702-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jennifer Holcomb		Transaction ID: 60918.E23556 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 4711 Okpealuk Ct		Amount of Each Disbursement this Period 417.63
City Rapid City State SD Zip Code 57702-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	875.26
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nathan Horning		Transaction ID: 60818.E22809 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 23918 Bruce Road		Amount of Each Disbursement this Period 168.25
City Bay Village State OH Zip Code 44140-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Nathan Horning		Transaction ID: 60818.E22763 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 23918 Bruce Road		Amount of Each Disbursement this Period 570.25
City Bay Village State OH Zip Code 44140-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Nathan Horning		Transaction ID: 60915.E23447 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 23918 Bruce Road		Amount of Each Disbursement this Period 376.50
City Bay Village State OH Zip Code 44140-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Nathan Horning Full Name (Last, First, Middle Initial) Mailing Address 23918 Bruce Road City Bay Village State OH Zip Code 44140- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60918.E23557 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 417.88 FEA PAYROLL
---	--	---

B. Melissa Jamrock Full Name (Last, First, Middle Initial) Mailing Address 15447 Diekman Court City Dolton State IL Zip Code 60419- Purpose of Disbursement FEA: MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22798 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 223.50 FEA: MILEAGE
---	--	--

C. Melissa Jamrock Full Name (Last, First, Middle Initial) Mailing Address 15447 Diekman Court City Dolton State IL Zip Code 60419- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22765 Date of Disbursement 08 / 16 / 2006 Amount of Each Disbursement this Period 570.25 FEA PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	1211.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Melissa Jamrock		Transaction ID: 60915.E23443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 15447 Diekman Court		Amount of Each Disbursement this Period 300.25
City Dolton State IL Zip Code 60419-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Melissa Jamrock		Transaction ID: 60918.E23558 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 15447 Diekman Court		Amount of Each Disbursement this Period 417.88
City Dolton State IL Zip Code 60419-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Chelsea Kammerer		Transaction ID: 60814.E22525 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 69.73
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	787.86
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Chelsea Kammerer		Transaction ID: 60804.E22315 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 1024.27
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Chelsea Kammerer		Transaction ID: 60818.E22732 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 84.41
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

Full Name (Last, First, Middle Initial) C. Chelsea Kammerer		Transaction ID: 60818.E22774 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 1024.28
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2132.96
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Chelsea Kammerer		Transaction ID: 60915.E23382 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 171.03
City Saint Paul State MN Zip Code 55114-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chelsea Kammerer		Transaction ID: 60915.E23412 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2233 University Ave W		Amount of Each Disbursement this Period 1024.28
City Saint Paul State MN Zip Code 55114-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Eugene Kang		Transaction ID: 60814.E22527 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3148 Mills Ct		Amount of Each Disbursement this Period 93.94
City Ann Arbor State MI Zip Code 48104-	FEA: MILEAGE/CELL PHONE	
Purpose of Disbursement FEA: MILEAGE/CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1289.25
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Eugene Kang		Transaction ID: 60804.E22316 Date of Disbursement 08 / 03 / 2006	
Mailing Address 3148 Mills Ct		Amount of Each Disbursement this Period 417.88	
City Ann Arbor State MI Zip Code 48104-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Eugene Kang		Transaction ID: 60818.E22775 Date of Disbursement 08 / 16 / 2006	
Mailing Address 3148 Mills Ct		Amount of Each Disbursement this Period 388.39	
City Ann Arbor State MI Zip Code 48104-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Eugene Kang		Transaction ID: 60915.E23393 Date of Disbursement 08 / 30 / 2006	
Mailing Address 3148 Mills Ct		Amount of Each Disbursement this Period 40.00	
City Ann Arbor State MI Zip Code 48104-	Purpose of Disbursement FEA: CELL PHONE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE	

SUBTOTAL of Disbursements This Page (optional) ▶	846.27
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Eugene Kang		Transaction ID: 60918.E23559 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3148 Mills Ct		Amount of Each Disbursement this Period 388.40
City Ann Arbor State MI Zip Code 48104-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John Keller		Transaction ID: 60818.E22776 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 1817 Highland Parkway		Amount of Each Disbursement this Period 590.65
City Saint Paul State MN Zip Code 55116-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Keller		Transaction ID: 60915.E23405 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1817 Highland Parkway		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55116-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1019.05
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. John Keller		Transaction ID: 60918.E23560 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 1817 Highland Parkway		Amount of Each Disbursement this Period 434.08
City Saint Paul State MN Zip Code 55116-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Lauren Kidwell		Transaction ID: 60814.E22514 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 2233 University Ave W #342		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA: CELL PHONE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

Full Name (Last, First, Middle Initial) C. Lauren Kidwell		Transaction ID: 60804.E22317 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 2233 University Ave W #342		Amount of Each Disbursement this Period 646.61
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1120.69
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Lauren Kidwell		Transaction ID: 60818.E22782 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 2233 University Ave W #342		Amount of Each Disbursement this Period 66.56
City Saint Paul State MN Zip Code 55114-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lauren Kidwell		Transaction ID: 60818.E22777 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2233 University Ave W #342		Amount of Each Disbursement this Period 613.65
City Saint Paul State MN Zip Code 55114-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lauren Kidwell		Transaction ID: 60915.E23418 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2233 University Ave W #342		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55114-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	720.21
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Lauren Kidwell		Transaction ID: 60918.E23561 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 2233 University Ave W #342		Amount of Each Disbursement this Period 613.66	
City Saint Paul State MN Zip Code 55114-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Adam Kohnstamm		Transaction ID: 60814.E22505 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 2047 Selby Ave		Amount of Each Disbursement this Period 40.00	
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement FEA: CELL PHONE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE	

Full Name (Last, First, Middle Initial) C. Adam Kohnstamm		Transaction ID: 60804.E22318 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 2047 Selby Ave		Amount of Each Disbursement this Period 417.88	
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1071.54
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Adam Kohnstamm		Transaction ID: 60814.E22506 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 2047 Selby Ave		Amount of Each Disbursement this Period 50.00
City Saint Paul State MN Zip Code 55104-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Adam Kohnstamm		Transaction ID: 60818.E22778 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 2047 Selby Ave		Amount of Each Disbursement this Period 384.91
City Saint Paul State MN Zip Code 55104-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Adam Kohnstamm		Transaction ID: 60915.E23371 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 2047 Selby Ave		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55104-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	474.91
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Adam Kohnstamm		Transaction ID: 60918.E23562 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 2047 Selby Ave		Amount of Each Disbursement this Period 384.92
City Saint Paul State MN Zip Code 55104-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Shaun Laden		Transaction ID: 60804.E22319 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 1602 Madison St NE		Amount of Each Disbursement this Period 644.98
City Minneapolis State MN Zip Code 55418-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Shaun Laden		Transaction ID: 60818.E22780 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1602 Madison St NE		Amount of Each Disbursement this Period 644.97
City Minneapolis State MN Zip Code 55418-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1674.87
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Shaun Laden		Transaction ID: 60915.E23417 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1602 Madison St NE		Amount of Each Disbursement this Period 644.98
City Minneapolis State MN Zip Code 55418-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Jason Lamote		Transaction ID: 60814.E22528 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 523 N Marshall Ave		Amount of Each Disbursement this Period 100.50
City Springfield State MN Zip Code 56087-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Jason Lamote		Transaction ID: 60804.E22320 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 523 N Marshall Ave		Amount of Each Disbursement this Period 417.88
City Springfield State MN Zip Code 56087-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1163.36
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jason Lamote		Transaction ID: 60818.E22766 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 523 N Marshall Ave		Amount of Each Disbursement this Period 163.75
City Springfield State MN Zip Code 56087-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jason Lamote		Transaction ID: 60818.E22781 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 523 N Marshall Ave		Amount of Each Disbursement this Period 384.91
City Springfield State MN Zip Code 56087-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jason Lamote		Transaction ID: 60915.E23397 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 523 N Marshall Ave		Amount of Each Disbursement this Period 255.00
City Springfield State MN Zip Code 56087-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	803.66
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jason Lamote		Transaction ID: 60918.E23563 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 523 N Marshall Ave		Amount of Each Disbursement this Period 384.92
City Springfield State MN Zip Code 56087-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Nancy Leeds		Transaction ID: 60818.E22783 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 16 Hamilton Drive		Amount of Each Disbursement this Period 590.65
City Chappaqua State NY Zip Code 10514-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Nancy Leeds		Transaction ID: 60915.E23446 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 16 Hamilton Drive		Amount of Each Disbursement this Period 132.65
City Chappaqua State NY Zip Code 10514-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1108.22
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nancy Leeds		Transaction ID: 60918.E23564 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 16 Hamilton Drive		Amount of Each Disbursement this Period 434.08	
City Chappaqua State NY Zip Code 10514-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. James Leinfelder		Transaction ID: 60804.E22326 Date of Disbursement MM / DD / YYYY 08 / 05 / 2006	
Mailing Address 136 Western Ave N		Amount of Each Disbursement this Period 950.45	
City Saint Paul State MN Zip Code 55102-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. James Leinfelder		Transaction ID: 60818.E22785 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 136 Western Ave N		Amount of Each Disbursement this Period 950.44	
City Saint Paul State MN Zip Code 55102-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	2334.97
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. James Leinfelder		Transaction ID: 60915.E23420 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 136 Western Ave N		Amount of Each Disbursement this Period 950.45
City Saint Paul State MN Zip Code 55102-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Jesse Levine		Transaction ID: 60814.E22529 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 36 Ormand Park Rd		Amount of Each Disbursement this Period 72.51
City Glen Head State NY Zip Code 11545-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Jesse Levine		Transaction ID: 60804.E22321 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 36 Ormand Park Rd		Amount of Each Disbursement this Period 385.83
City Glen Head State NY Zip Code 11545-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1408.79
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jesse Levine		Transaction ID: 60818.E22786 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 36 Ormand Park Rd		Amount of Each Disbursement this Period 385.82
City State Zip Code Glen Head NY 11545-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Jesse Levine		Transaction ID: 60915.E23402 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 36 Ormand Park Rd		Amount of Each Disbursement this Period 58.00
City State Zip Code Glen Head NY 11545-	Purpose of Disbursement FEA: CELL PHONE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

Full Name (Last, First, Middle Initial) C. Jesse Levine		Transaction ID: 60918.E23565 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 36 Ormand Park Rd		Amount of Each Disbursement this Period 385.82
City State Zip Code Glen Head NY 11545-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	829.64
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jeremy Lowey		Transaction ID: 60818.E22787 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3165 Land Park Drive		Amount of Each Disbursement this Period 434.08
City Sacramento State CA Zip Code 95818-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jeremy Lowey		Transaction ID: 60915.E23401 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 3165 Land Park Drive		Amount of Each Disbursement this Period 40.00
City Sacramento State CA Zip Code 95818-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jeremy Lowey		Transaction ID: 60918.E23566 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3165 Land Park Drive		Amount of Each Disbursement this Period 434.08
City Sacramento State CA Zip Code 95818-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	908.16
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kari Lundstad-Vogt		Transaction ID: 60814.E22512 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3028 47th Avenue S		Amount of Each Disbursement this Period 40.00
City Minneapolis State MN Zip Code 55406-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kari Lundstad-Vogt		Transaction ID: 60804.E22322 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 3028 47th Avenue S		Amount of Each Disbursement this Period 420.86
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kari Lundstad-Vogt		Transaction ID: 60818.E22788 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3028 47th Avenue S		Amount of Each Disbursement this Period 420.86
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	881.72
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kari Lundstad-Vogt		Transaction ID: 60915.E23413 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 3028 47th Avenue S		Amount of Each Disbursement this Period 40.00
City Minneapolis State MN Zip Code 55406-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kari Lundstad-Vogt		Transaction ID: 60918.E23567 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3028 47th Avenue S		Amount of Each Disbursement this Period 420.86
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nakiesha Mabrey		Transaction ID: 60804.E22323 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1815 Chestnut		Amount of Each Disbursement this Period 778.50
City Minneapolis State MN Zip Code 55405-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1239.36
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Nakiesha Mabrey Full Name (Last, First, Middle Initial) Mailing Address 1815 Chestnut City Minneapolis State MN Zip Code 55405-		Transaction ID: 60818.E22789 Date of Disbursement 08 / 16 / 2006
Purpose of Disbursement FEA PAYROLL Candidate Name		Amount of Each Disbursement this Period 778.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

B. Nakiesha Mabrey Full Name (Last, First, Middle Initial) Mailing Address 1815 Chestnut City Minneapolis State MN Zip Code 55405-		Transaction ID: 60915.E23426 Date of Disbursement 08 / 30 / 2006
Purpose of Disbursement FEA PAYROLL Candidate Name		Amount of Each Disbursement this Period 778.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

C. Nicholas Maines Full Name (Last, First, Middle Initial) Mailing Address 2016- 4th St S City Ironton State OH Zip Code 45638-		Transaction ID: 60814.E22539 Date of Disbursement 08 / 01 / 2006
Purpose of Disbursement FEA: MILEAGE Candidate Name		Amount of Each Disbursement this Period 158.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	1715.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nicholas Maines		Transaction ID: 60804.E22327 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 2016- 4th St S		Amount of Each Disbursement this Period 449.68
City Ironton State OH Zip Code 45638-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Nicholas Maines		Transaction ID: 60818.E22810 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 2016- 4th St S		Amount of Each Disbursement this Period 450.00
City Ironton State OH Zip Code 45638-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Nicholas Maines		Transaction ID: 60818.E22790 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 2016- 4th St S		Amount of Each Disbursement this Period 449.68
City Ironton State OH Zip Code 45638-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1349.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nicholas Maines		Transaction ID: 60915.E23448 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2016- 4th St S		Amount of Each Disbursement this Period 263.00
City Ironton State OH Zip Code 45638-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nicholas Maines		Transaction ID: 60918.E23568 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 2016- 4th St S		Amount of Each Disbursement this Period 449.68
City Ironton State OH Zip Code 45638-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Korla Masters		Transaction ID: 60804.E22328 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 2604- 22nd St E		Amount of Each Disbursement this Period 332.25
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1044.93
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Korla Masters		Transaction ID: 60818.E22793 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2604- 22nd St E		Amount of Each Disbursement this Period 689.87
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Korla Masters		Transaction ID: 60818.E22792 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2604- 22nd St E		Amount of Each Disbursement this Period 219.04
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Korla Masters		Transaction ID: 60915.E23427 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 2604- 22nd St E		Amount of Each Disbursement this Period 631.22
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1540.13
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Ruth McDonald		Transaction ID: 60814.E22517 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 4513 Windom PI NW		Amount of Each Disbursement this Period 40.00	
City Washington State DC Zip Code 20016-	Purpose of Disbursement FEA: CELL PHONE Candidate Name Category/ Type	FEA: CELL PHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ruth McDonald		Transaction ID: 60804.E22329 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 4513 Windom PI NW		Amount of Each Disbursement this Period 449.67	
City Washington State DC Zip Code 20016-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/ Type	FEA PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ruth McDonald		Transaction ID: 60818.E22795 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 4513 Windom PI NW		Amount of Each Disbursement this Period 416.72	
City Washington State DC Zip Code 20016-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/ Type	FEA PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	906.39
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Ruth McDonald		Transaction ID: 60915.E23424 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 4513 Windom PI NW		Amount of Each Disbursement this Period 40.00
City Washington State DC Zip Code 20016-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

Full Name (Last, First, Middle Initial) B. Ruth McDonald		Transaction ID: 60918.E23569 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 4513 Windom PI NW		Amount of Each Disbursement this Period 416.71
City Washington State DC Zip Code 20016-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Patrick McGarrity		Transaction ID: 60814.E22516 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 210 S Wheeler St		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55105-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	496.71
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Patrick McGarrity		Transaction ID: 60804.E22330 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 210 S Wheeler St		Amount of Each Disbursement this Period 417.63
City Saint Paul State MN Zip Code 55105-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Patrick McGarrity		Transaction ID: 60818.E22796 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 210 S Wheeler St		Amount of Each Disbursement this Period 417.62
City Saint Paul State MN Zip Code 55105-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Patrick McGarrity		Transaction ID: 60915.E23423 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 210 S Wheeler St		Amount of Each Disbursement this Period 40.00
City Saint Paul State MN Zip Code 55105-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	875.25
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Patrick McGarrity		Transaction ID: 60918.E23570 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 210 S Wheeler St		Amount of Each Disbursement this Period 417.63
City Saint Paul State MN Zip Code 55105-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mario McHarris		Transaction ID: 60915.E23422 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 4937 S Woodlawn Avenue		Amount of Each Disbursement this Period 20.00
City Chicago State IL Zip Code 60615-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mario McHarris		Transaction ID: 60918.E23571 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 4937 S Woodlawn Avenue		Amount of Each Disbursement this Period 449.68
City Chicago State IL Zip Code 60615-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	887.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Chad McKenna		Transaction ID: 60814.E22523 Date of Disbursement 08 / 01 / 2006
Mailing Address 1508 E 4th St		Amount of Each Disbursement this Period 213.75
City Duluth State MN Zip Code 55812-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Chad McKenna		Transaction ID: 60804.E22331 Date of Disbursement 08 / 03 / 2006
Mailing Address 1508 E 4th St		Amount of Each Disbursement this Period 434.08
City Duluth State MN Zip Code 55812-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Chad McKenna		Transaction ID: 60818.E22731 Date of Disbursement 08 / 15 / 2006
Mailing Address 1508 E 4th St		Amount of Each Disbursement this Period 177.25
City Duluth State MN Zip Code 55812-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	825.08
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Chad McKenna		Transaction ID: 60818.E22797 Date of Disbursement 08 / 16 / 2006
Mailing Address 1508 E 4th St		Amount of Each Disbursement this Period 402.03
City Duluth State MN Zip Code 55812-		
Purpose of Disbursement FEA PAYROLL		FEA PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chad McKenna		Transaction ID: 60915.E23381 Date of Disbursement 08 / 30 / 2006
Mailing Address 1508 E 4th St		Amount of Each Disbursement this Period 114.50
City Duluth State MN Zip Code 55812-		
Purpose of Disbursement FEA: MILEAGE		FEA: MILEAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chad McKenna		Transaction ID: 60918.E23572 Date of Disbursement 08 / 31 / 2006
Mailing Address 1508 E 4th St		Amount of Each Disbursement this Period 402.03
City Duluth State MN Zip Code 55812-		
Purpose of Disbursement FEA PAYROLL		FEA PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	918.56
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Daniel Miyamoto		Transaction ID: 60818.E22802 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 2214 15th Ave S		Amount of Each Disbursement this Period 848.85
City Fargo State ND Zip Code 58103-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Daniel Miyamoto		Transaction ID: 60818.E22801 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 2214 15th Ave S		Amount of Each Disbursement this Period 330.43
City Fargo State ND Zip Code 58103-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. MN Dept of Revenue		Transaction ID: 60804.E22332 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006
Mailing Address PO Box 821		Amount of Each Disbursement this Period 2566.20
City Minneapolis State MN Zip Code 55480-	Purpose of Disbursement FEA MN WH TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA MN WH TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	3745.48
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. MN Dept of Revenue		Transaction ID: 60824.E23014 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO Box 821		Amount of Each Disbursement this Period 3173.40
City Minneapolis State MN Zip Code 55480-	FEA: MN WH TAXES	
Purpose of Disbursement FEA: MN WH TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chris Montana		Transaction ID: 60804.E22333 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 152 Arthur St SE		Amount of Each Disbursement this Period 848.85
City Minneapolis State MN Zip Code 55414-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chris Montana		Transaction ID: 60915.E23428 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 152 Arthur St SE		Amount of Each Disbursement this Period 848.85
City Minneapolis State MN Zip Code 55414-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4871.10
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. John Moore		Transaction ID: 60814.E22511 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 1804 16th Ave S #4		Amount of Each Disbursement this Period 40.00	
City Minneapolis State MN Zip Code 55404-	Purpose of Disbursement FEA: CELL PHONE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA: CELL PHONE

Full Name (Last, First, Middle Initial) B. John Moore		Transaction ID: 60804.E22334 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
Mailing Address 1804 16th Ave S #4		Amount of Each Disbursement this Period 417.88	
City Minneapolis State MN Zip Code 55404-	Purpose of Disbursement FEA PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

Full Name (Last, First, Middle Initial) C. John Moore		Transaction ID: 60818.E22803 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 1804 16th Ave S #4		Amount of Each Disbursement this Period 385.83	
City Minneapolis State MN Zip Code 55404-	Purpose of Disbursement FEA PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	843.71
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. John Moore		Transaction ID: 60915.E23406 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1804 16th Ave S #4		Amount of Each Disbursement this Period 40.00
City Minneapolis State MN Zip Code 55404-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John Moore		Transaction ID: 60918.E23573 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1804 16th Ave S #4		Amount of Each Disbursement this Period 385.82
City Minneapolis State MN Zip Code 55404-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Scott DC Morrison		Transaction ID: 60818.E22804 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 753 Miner Road		Amount of Each Disbursement this Period 624.25
City Orinda State CA Zip Code 94563-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1050.07
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Scott DC Morrison		Transaction ID: 60915.E23425 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 753 Miner Road		Amount of Each Disbursement this Period 40.00
City Orinda State CA Zip Code 94563-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Scott DC Morrison		Transaction ID: 60918.E23574 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 753 Miner Road		Amount of Each Disbursement this Period 465.28
City Orinda State CA Zip Code 94563-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mosaic Consulting		Transaction ID: 60818.E22806 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO Box 948		Amount of Each Disbursement this Period 3130.67
City Detroit Lakes State MN Zip Code 56502-	FEA: FIELD OPERATION CONSULTING	
Purpose of Disbursement FEA: FIELD OPERATION CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3635.95
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mosaic Consulting		Transaction ID: 60818.E22805 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO Box 948		Amount of Each Disbursement this Period 1413.85
City Detroit Lakes State MN Zip Code 56502-	FEA: FIELD OPERATION CONSULTING	
Purpose of Disbursement FEA: FIELD OPERATION CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Danielle Most		Transaction ID: 60804.E22335 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1360 Rosemary Ct		Amount of Each Disbursement this Period 449.68
City Hastings State MN Zip Code 55033-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Danielle Most		Transaction ID: 60814.E22524 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1360 Rosemary Ct		Amount of Each Disbursement this Period 233.00
City Hastings State MN Zip Code 55033-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2096.53
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Danielle Most		Transaction ID: 60818.E22740 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1360 Rosemary Ct		Amount of Each Disbursement this Period 199.25
City Hastings State MN Zip Code 55033-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Danielle Most		Transaction ID: 60818.E22807 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 1360 Rosemary Ct		Amount of Each Disbursement this Period 416.72
City Hastings State MN Zip Code 55033-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Danielle Most		Transaction ID: 60915.E23385 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1360 Rosemary Ct		Amount of Each Disbursement this Period 260.75
City Hastings State MN Zip Code 55033-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	876.72
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Danielle Most		Transaction ID: 60918.E23575 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 1360 Rosemary Ct		Amount of Each Disbursement this Period 416.71	
City Hastings State MN Zip Code 55033-	Purpose of Disbursement FEA PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Kerry Myers		Transaction ID: 60814.E22513 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 301 3rd St E		Amount of Each Disbursement this Period 40.00	
City Duluth State MN Zip Code 55805-	Purpose of Disbursement FEA: CELL PHONE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA: CELL PHONE

Full Name (Last, First, Middle Initial) C. Kerry Myers		Transaction ID: 60804.E22336 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
Mailing Address 301 3rd St E		Amount of Each Disbursement this Period 449.68	
City Duluth State MN Zip Code 55805-	Purpose of Disbursement FEA PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	906.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kerry Myers		Transaction ID: 60818.E22808 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 301 3rd St E		Amount of Each Disbursement this Period 416.71	
City Duluth	State MN	Zip Code 55805-	Category/ Type
Purpose of Disbursement FEA PAYROLL		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:		FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Kerry Myers		Transaction ID: 60915.E23415 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 301 3rd St E		Amount of Each Disbursement this Period 53.75	
City Duluth	State MN	Zip Code 55805-	Category/ Type
Purpose of Disbursement FEA: CELL PHONE		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:		FEA: CELL PHONE	

Full Name (Last, First, Middle Initial) C. Kerry Myers		Transaction ID: 60918.E23576 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 301 3rd St E		Amount of Each Disbursement this Period 416.72	
City Duluth	State MN	Zip Code 55805-	Category/ Type
Purpose of Disbursement FEA PAYROLL		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:		FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	887.18
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Andrew OLeary		Transaction ID: 60804.E22337 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 1760.75
City Saint Paul State MN Zip Code 55107-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Andrew OLeary		Transaction ID: 60804.E22338 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 1050.40
City Saint Paul State MN Zip Code 55107-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Andrew OLeary		Transaction ID: 60818.E22720 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 211.96
City Saint Paul State MN Zip Code 55107-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3023.11
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Andrew OLeary		Transaction ID: 60818.E22812 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 1243.39	
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement FEA PAYROLL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrew OLeary		Transaction ID: 60818.E22811 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 2308.75	
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement FEA PAYROLL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Andrew OLeary		Transaction ID: 60915.E23429 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 2308.75	
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement FEA PAYROLL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5860.89
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Andrew OLeary		Transaction ID: 60915.E23430 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 255 E Plato Blvd		Amount of Each Disbursement this Period 1243.41	
City Saint Paul State MN Zip Code 55107-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Leah Olm		Transaction ID: 60918.E23577 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 3538 Blaisdell		Amount of Each Disbursement this Period 314.83	
City Minneapolis State MN Zip Code 55408-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Sarah Oppenheim		Transaction ID: 60818.E22822 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006	
Mailing Address 23 Stanton Way		Amount of Each Disbursement this Period 17.75	
City Mill Valley State CA Zip Code 94941-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	1575.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Sarah Oppenheim		Transaction ID: 60818.E22813 Date of Disbursement 08 / 16 / 2006
Mailing Address 23 Stanton Way		Amount of Each Disbursement this Period 417.88
City Mill Valley State CA Zip Code 94941-	Purpose of Disbursement FEA PAYROLL	
Candidate Name	Category/ Type	FEA PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sarah Oppenheim		Transaction ID: 60915.E23455 Date of Disbursement 08 / 30 / 2006
Mailing Address 23 Stanton Way		Amount of Each Disbursement this Period 113.25
City Mill Valley State CA Zip Code 94941-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name	Category/ Type	FEA: MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sarah Oppenheim		Transaction ID: 60918.E23578 Date of Disbursement 08 / 31 / 2006
Mailing Address 23 Stanton Way		Amount of Each Disbursement this Period 417.88
City Mill Valley State CA Zip Code 94941-	Purpose of Disbursement FEA PAYROLL	
Candidate Name	Category/ Type	FEA PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	949.01
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Peter Polga-Hecimovich		Transaction ID: 60814.E22541 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 14200 11th St S		Amount of Each Disbursement this Period 93.75
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Peter Polga-Hecimovich		Transaction ID: 60804.E22339 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 14200 11th St S		Amount of Each Disbursement this Period 402.02
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Peter Polga-Hecimovich		Transaction ID: 60818.E22814 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 14200 11th St S		Amount of Each Disbursement this Period 135.50
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	631.27
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Peter Polga-Hecimovich		Transaction ID: 60818.E22815 Date of Disbursement 08 / 16 / 2006
Mailing Address 14200 11th St S		Amount of Each Disbursement this Period 402.03
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Peter Polga-Hecimovich		Transaction ID: 60915.E23450 Date of Disbursement 08 / 30 / 2006
Mailing Address 14200 11th St S		Amount of Each Disbursement this Period 192.00
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement FEA: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Peter Polga-Hecimovich		Transaction ID: 60918.E23579 Date of Disbursement 08 / 31 / 2006
Mailing Address 14200 11th St S		Amount of Each Disbursement this Period 402.02
City Burnsville State MN Zip Code 55337-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	996.05
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kristina Portner		Transaction ID: 60818.E22816 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1088 24th Ave SE		Amount of Each Disbursement this Period 434.08
City Minneapolis State MN Zip Code 55414-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kristina Portner		Transaction ID: 60915.E23416 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 1088 24th Ave SE		Amount of Each Disbursement this Period 40.00
City Minneapolis State MN Zip Code 55414-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kristina Portner		Transaction ID: 60918.E23580 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 1088 24th Ave SE		Amount of Each Disbursement this Period 434.08
City Minneapolis State MN Zip Code 55414-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	908.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kyle Potter		Transaction ID: 60804.E22340 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 1181 Raymond Avenue		Amount of Each Disbursement this Period 778.50
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Kyle Potter		Transaction ID: 60818.E22779 Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 1181 Raymond Avenue		Amount of Each Disbursement this Period 155.43
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Kyle Potter		Transaction ID: 60818.E22817 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 1181 Raymond Avenue		Amount of Each Disbursement this Period 778.50
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1712.43
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Kyle Potter		Transaction ID: 60905.E23110 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1181 Raymond Avenue		Amount of Each Disbursement this Period 637.43
City Saint Paul State MN Zip Code 55108-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kyle Potter		Transaction ID: 60915.E23431 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1181 Raymond Avenue		Amount of Each Disbursement this Period 778.50
City Saint Paul State MN Zip Code 55108-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Principal Life		Transaction ID: 60814.E22542 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 14416		Amount of Each Disbursement this Period 1745.37
City Des Moines State IA Zip Code 50306-	FEA: DENTAL INSURANCE	
Purpose of Disbursement FEA: DENTAL INSURANCE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3161.30
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. QWest Full Name (Last, First, Middle Initial) Mailing Address PO Box 1301 City Minneapolis State MN Zip Code 55483-0001 Purpose of Disbursement FEA: PHONE BANK PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22820 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 440.18 FEA: PHONE BANK PHONES
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B. QWest Full Name (Last, First, Middle Initial) Mailing Address PO Box 1301 City Minneapolis State MN Zip Code 55483-0001 Purpose of Disbursement FEA: PHONE BANK PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22819 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 592.55 FEA: PHONE BANK PHONES
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C. QWest Full Name (Last, First, Middle Initial) Mailing Address PO Box 1301 City Minneapolis State MN Zip Code 55483-0001 Purpose of Disbursement FEA: PHONE BANK PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22818 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 192.65 FEA: PHONE BANK PHONES
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SUBTOTAL of Disbursements This Page (optional) ▶	1225.38
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. QWest Full Name (Last, First, Middle Initial) Mailing Address PO Box 1301 City Minneapolis State MN Zip Code 55483-0001 Purpose of Disbursement FEA: PHONE BANK PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60905.E23111 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 654.72 FEA: PHONE BANK PHONES
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B. Zachary Rodvold Full Name (Last, First, Middle Initial) Mailing Address 405 24th St W City Minneapolis State MN Zip Code 55405- Purpose of Disbursement FEA PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60804.E22341 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 962.48 FEA PAYROLL
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C. Zachary Rodvold Full Name (Last, First, Middle Initial) Mailing Address 405 24th St W City Minneapolis State MN Zip Code 55405- Purpose of Disbursement FEA: MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60818.E22845 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 91.30 FEA: MILEAGE
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SUBTOTAL of Disbursements This Page (optional) ▶	1708.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Zachary Rodvold		Transaction ID: 60818.E22821 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 405 24th St W		Amount of Each Disbursement this Period 929.53
City Minneapolis State MN Zip Code 55405-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Zachary Rodvold		Transaction ID: 60918.E23581 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 405 24th St W		Amount of Each Disbursement this Period 929.53
City Minneapolis State MN Zip Code 55405-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Evan Rowe		Transaction ID: 60915.E23432 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 5137 Sheridan Ave S		Amount of Each Disbursement this Period 426.23
City Edina State MN Zip Code 55410-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2285.29
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jacob Savage		Transaction ID: 60818.E22823 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 285 CPW #25		Amount of Each Disbursement this Period 607.45
City New York State NY Zip Code 10024-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jacob Savage		Transaction ID: 60915.E23396 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 285 CPW #25		Amount of Each Disbursement this Period 40.00
City New York State NY Zip Code 10024-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jacob Savage		Transaction ID: 60918.E23582 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 285 CPW #25		Amount of Each Disbursement this Period 449.68
City New York State NY Zip Code 10024-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1097.13
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jessica Schaum		Transaction ID: 60814.E22530 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 17022 232nd Ave		Amount of Each Disbursement this Period 89.00
City Big Lake State MN Zip Code 55309-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Jessica Schaum		Transaction ID: 60804.E22342 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 17022 232nd Ave		Amount of Each Disbursement this Period 434.08
City Big Lake State MN Zip Code 55309-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Jessica Schaum		Transaction ID: 60818.E22769 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 17022 232nd Ave		Amount of Each Disbursement this Period 87.25
City Big Lake State MN Zip Code 55309-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	610.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jessica Schaum		Transaction ID: 60818.E22824 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 17022 232nd Ave		Amount of Each Disbursement this Period 434.08
City Big Lake State MN Zip Code 55309-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Jessica Schaum		Transaction ID: 60915.E23403 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 17022 232nd Ave		Amount of Each Disbursement this Period 379.00
City Big Lake State MN Zip Code 55309-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Jessica Schaum		Transaction ID: 60918.E23583 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 17022 232nd Ave		Amount of Each Disbursement this Period 434.08
City Big Lake State MN Zip Code 55309-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1247.16
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Timothy Schumann		Transaction ID: 60804.E22343 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 3035 44th Ave S		Amount of Each Disbursement this Period 531.95
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy Schumann		Transaction ID: 60818.E22836 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 3035 44th Ave S		Amount of Each Disbursement this Period 72.68
City Minneapolis State MN Zip Code 55406-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy Schumann		Transaction ID: 60818.E22825 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3035 44th Ave S		Amount of Each Disbursement this Period 498.99
City Minneapolis State MN Zip Code 55406-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1103.62
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Timothy Schumann		Transaction ID: 60918.E23584 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3035 44th Ave S		Amount of Each Disbursement this Period 498.98
City Minneapolis State MN Zip Code 55406-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Nathan Sellers		Transaction ID: 60814.E22515 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 5501 Park Ave S		Amount of Each Disbursement this Period 45.00
City Minneapolis State MN Zip Code 55417-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

Full Name (Last, First, Middle Initial) C. Nathan Sellers		Transaction ID: 60804.E22344 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 5501 Park Ave S		Amount of Each Disbursement this Period 417.88
City Minneapolis State MN Zip Code 55417-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	961.86
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Nathan Sellers		Transaction ID: 60818.E22827 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 5501 Park Ave S		Amount of Each Disbursement this Period 384.92
City Minneapolis State MN Zip Code 55417-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Allsion Sharkey		Transaction ID: 60915.E23433 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3306 10th Avenue S		Amount of Each Disbursement this Period 930.89
City Minneapolis State MN Zip Code 55407-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Clare Sorman		Transaction ID: 60804.E22345 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 2943 Taylor St NE		Amount of Each Disbursement this Period 625.75
City Minneapolis State MN Zip Code 55418-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1941.56
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Clare Sorman		Transaction ID: 60818.E22829 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2943 Taylor St NE		Amount of Each Disbursement this Period 890.59
City Minneapolis State MN Zip Code 55418-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Clare Sorman		Transaction ID: 60915.E23434 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 2943 Taylor St NE		Amount of Each Disbursement this Period 890.60
City Minneapolis State MN Zip Code 55418-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jacob Spano		Transaction ID: 60804.E22346 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 3978 Dakota Ave S		Amount of Each Disbursement this Period 624.35
City Saint Louis Park State MN Zip Code 55416-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2405.54
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jacob Spano		Transaction ID: 60818.E22764 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 3978 Dakota Ave S		Amount of Each Disbursement this Period 836.74
City Saint Louis Park State MN Zip Code 55416-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Jacob Spano		Transaction ID: 60818.E22830 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3978 Dakota Ave S		Amount of Each Disbursement this Period 624.35
City Saint Louis Park State MN Zip Code 55416-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Jacob Spano		Transaction ID: 60918.E23585 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3978 Dakota Ave S		Amount of Each Disbursement this Period 624.35
City Saint Louis Park State MN Zip Code 55416-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2085.44
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Mitchell Stewart		Transaction ID: 60804.E22347 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 2404.05
City Saint Paul State MN Zip Code 55107-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mitchell Stewart		Transaction ID: 60818.E22831 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 2223.84
City Saint Paul State MN Zip Code 55107-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mitchell Stewart		Transaction ID: 60915.E23435 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 2223.85
City Saint Paul State MN Zip Code 55107-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6851.74
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Carrianna Suiter		Transaction ID: 60814.E22507 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 270 Orchid Hill Dr W		Amount of Each Disbursement this Period 40.00
City Delaware State OH Zip Code 43015-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

Full Name (Last, First, Middle Initial) B. Carrianna Suiter		Transaction ID: 60804.E22348 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 270 Orchid Hill Dr W		Amount of Each Disbursement this Period 434.08
City Delaware State OH Zip Code 43015-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Carrianna Suiter		Transaction ID: 60818.E22832 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 270 Orchid Hill Dr W		Amount of Each Disbursement this Period 401.11
City Delaware State OH Zip Code 43015-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	875.19
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Carrianna Suiter		Transaction ID: 60915.E23379 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 270 Orchid Hill Dr W		Amount of Each Disbursement this Period 40.00
City Delaware State OH Zip Code 43015-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carrianna Suiter		Transaction ID: 60918.E23586 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 270 Orchid Hill Dr W		Amount of Each Disbursement this Period 401.12
City Delaware State OH Zip Code 43015-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Melyon Teclé-Haile		Transaction ID: 60804.E22349 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 2232 East 6th Street		Amount of Each Disbursement this Period 937.71
City Maplewood State MN Zip Code 55119-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1378.83
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Melyon Tecle-Haile		Transaction ID: 60818.E22833 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 2232 East 6th Street		Amount of Each Disbursement this Period 937.69
City State Zip Code Maplewood MN 55119-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Trayshana Thomas		Transaction ID: 60804.E22350 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address 917 Forest St		Amount of Each Disbursement this Period 1118.44
City State Zip Code Saint Paul MN 55106-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Trayshana Thomas		Transaction ID: 60818.E22835 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 917 Forest St		Amount of Each Disbursement this Period 1118.45
City State Zip Code Saint Paul MN 55106-	Purpose of Disbursement FEA PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3174.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Trayshana Thomas Full Name (Last, First, Middle Initial) Mailing Address 917 Forest St City Saint Paul State MN Zip Code 55106-		Transaction ID: 60915.E23436 Date of Disbursement 08 / 31 / 2006
Purpose of Disbursement FEA PAYROLL Candidate Name		Amount of Each Disbursement this Period 1118.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

B. Jaime Tincher Full Name (Last, First, Middle Initial) Mailing Address 255 Plato Blvd E City Saint Paul State MN Zip Code 55107-		Transaction ID: 60804.E22351 Date of Disbursement 08 / 03 / 2006
Purpose of Disbursement FEA PAYROLL Candidate Name		Amount of Each Disbursement this Period 1604.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

C. Jaime Tincher Full Name (Last, First, Middle Initial) Mailing Address 255 Plato Blvd E City Saint Paul State MN Zip Code 55107-		Transaction ID: 60818.E22837 Date of Disbursement 08 / 16 / 2006
Purpose of Disbursement FEA PAYROLL Candidate Name		Amount of Each Disbursement this Period 1604.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	4326.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jaime Tincher		Transaction ID: 60915.E23437 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 1604.15
City Saint Paul State MN Zip Code 55107-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dustin Trice		Transaction ID: 60804.E22352 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 15300 37th Ave N #A210		Amount of Each Disbursement this Period 100.62
City Plymouth State MN Zip Code 55446-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dustin Trice		Transaction ID: 60818.E22744 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 15300 37th Ave N #A210		Amount of Each Disbursement this Period 124.50
City Plymouth State MN Zip Code 55446-	FEA: MILEAGE	
Purpose of Disbursement FEA: MILEAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1829.27
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Dustin Trice		Transaction ID: 60818.E22838 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 15300 37th Ave N #A210		Amount of Each Disbursement this Period 100.62	
City Plymouth State MN Zip Code 55446-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Dustin Trice		Transaction ID: 60915.E23388 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 15300 37th Ave N #A210		Amount of Each Disbursement this Period 182.00	
City Plymouth State MN Zip Code 55446-	Purpose of Disbursement FEA: MILEAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE	

Full Name (Last, First, Middle Initial) C. Dustin Trice		Transaction ID: 60918.E23587 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 15300 37th Ave N #A210		Amount of Each Disbursement this Period 100.62	
City Plymouth State MN Zip Code 55446-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	383.24
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: 60824.E23015 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address Riverview Station		Amount of Each Disbursement this Period 2249.00
City Saint Paul State MN Zip Code 55107-	FEA: PARTY FUNDRAISING MAIL RE: KLOBUCHAR/WALTERLING/WALZ	
Purpose of Disbursement FEA: PARTY FUNDRAISING MAIL RE: KLOBUCHA		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jaclyn Urness		Transaction ID: 60814.E22509 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3513 Dupont Ave S #113		Amount of Each Disbursement this Period 46.93
City Minneapolis State MN Zip Code 55408-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jaclyn Urness		Transaction ID: 60804.E22353 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 3513 Dupont Ave S #113		Amount of Each Disbursement this Period 385.83
City Minneapolis State MN Zip Code 55408-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2681.76
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jaclyn Urness		Transaction ID: 60818.E22839 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3513 Dupont Ave S #113		Amount of Each Disbursement this Period 385.83
City Minneapolis State MN Zip Code 55408-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jaclyn Urness		Transaction ID: 60915.E23395 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 3513 Dupont Ave S #113		Amount of Each Disbursement this Period 40.00
City Minneapolis State MN Zip Code 55408-	FEA: CELL PHONE	
Purpose of Disbursement FEA: CELL PHONE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jaclyn Urness		Transaction ID: 60918.E23588 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3513 Dupont Ave S #113		Amount of Each Disbursement this Period 385.82
City Minneapolis State MN Zip Code 55408-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	811.65
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Voter Activation Network		Transaction ID: 60814.E22566 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 54 Regent Street		Amount of Each Disbursement this Period 3300.00
City Cambridge State MA Zip Code 02140-	FEA: VOTER FILE HOSTING	
Purpose of Disbursement FEA: VOTER FILE HOSTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Voter Activation Network		Transaction ID: 60818.E22884 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 54 Regent Street		Amount of Each Disbursement this Period 3300.00
City Cambridge State MA Zip Code 02140-	FEA: VOTER FILE HOSTING	
Purpose of Disbursement FEA: VOTER FILE HOSTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Shay Weinblatt		Transaction ID: 60804.E22354 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 754 Upper Colonial Dr		Amount of Each Disbursement this Period 1158.25
City Saint Paul State MN Zip Code 55118-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7758.25
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Shay Weinblatt		Transaction ID: 60818.E22840 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 754 Upper Colonial Dr		Amount of Each Disbursement this Period 1158.25
City Saint Paul State MN Zip Code 55118-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Shay Weinblatt		Transaction ID: 60915.E23438 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 754 Upper Colonial Dr		Amount of Each Disbursement this Period 1158.25
City Saint Paul State MN Zip Code 55118-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Jeffrey Will		Transaction ID: 60915.E23398 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 642 Quail Ridge Circle		Amount of Each Disbursement this Period 48.00
City Mendota Heights State MN Zip Code 55120-	Purpose of Disbursement FEA: CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	2364.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Jeffrey Will		Transaction ID: 60918.E23589 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 642 Quail Ridge Circle		Amount of Each Disbursement this Period 417.88	
City Mendota Heights State MN Zip Code 55120-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Graham Wilson		Transaction ID: 60814.E22508 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 935 17th Ave SE		Amount of Each Disbursement this Period 40.00	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA: CELL PHONE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE	

Full Name (Last, First, Middle Initial) C. Graham Wilson		Transaction ID: 60804.E22355 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 935 17th Ave SE		Amount of Each Disbursement this Period 385.82	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	843.70
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Graham Wilson		Transaction ID: 60818.E22842 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 935 17th Ave SE		Amount of Each Disbursement this Period 385.83	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Graham Wilson		Transaction ID: 60915.E23394 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 935 17th Ave SE		Amount of Each Disbursement this Period 40.00	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA: CELL PHONE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: CELL PHONE	

Full Name (Last, First, Middle Initial) C. Graham Wilson		Transaction ID: 60918.E23590 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 935 17th Ave SE		Amount of Each Disbursement this Period 385.82	
City Minneapolis State MN Zip Code 55414-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	811.65
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Anna Wojtanowicz		Transaction ID: 60804.E22356 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 300- 145th St NW		Amount of Each Disbursement this Period 598.62
City Rice State MN Zip Code 56367-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Anna Wojtanowicz		Transaction ID: 60818.E22843 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 300- 145th St NW		Amount of Each Disbursement this Period 598.63
City Rice State MN Zip Code 56367-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Anna Wojtanowicz		Transaction ID: 60915.E23439 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 300- 145th St NW		Amount of Each Disbursement this Period 549.48
City Rice State MN Zip Code 56367-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1746.73
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Andy Zabel		Transaction ID: 60814.E22520 Date of Disbursement 08 / 01 / 2006	
Mailing Address 105 S 4th St		Amount of Each Disbursement this Period 90.50	
City Humboldt State IA Zip Code 50548-	Purpose of Disbursement FEA: MILEAGE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FEA: MILEAGE

Full Name (Last, First, Middle Initial) B. Andy Zabel		Transaction ID: 60804.E22357 Date of Disbursement 08 / 03 / 2006	
Mailing Address 105 S 4th St		Amount of Each Disbursement this Period 571.97	
City Humboldt State IA Zip Code 50548-	Purpose of Disbursement FEA PAYROLL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FEA PAYROLL

Full Name (Last, First, Middle Initial) C. Andy Zabel		Transaction ID: 60818.E22721 Date of Disbursement 08 / 15 / 2006	
Mailing Address 105 S 4th St		Amount of Each Disbursement this Period 318.86	
City Humboldt State IA Zip Code 50548-	Purpose of Disbursement FEA: MILEAGE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FEA: MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	981.33
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" 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)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Andy Zabel		Transaction ID: 60818.E22844 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address 105 S 4th St		Amount of Each Disbursement this Period 571.97
City Humboldt State IA Zip Code 50548-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

Full Name (Last, First, Middle Initial) B. Andy Zabel		Transaction ID: 60915.E23374 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006
Mailing Address 105 S 4th St		Amount of Each Disbursement this Period 242.75
City Humboldt State IA Zip Code 50548-	Purpose of Disbursement FEA: MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA: MILEAGE

Full Name (Last, First, Middle Initial) C. Andy Zabel		Transaction ID: 60918.E23591 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006
Mailing Address 105 S 4th St		Amount of Each Disbursement this Period 571.96
City Humboldt State IA Zip Code 50548-	Purpose of Disbursement FEA PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1386.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Stephanie Zawistowski		Transaction ID: 60804.E22358 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
Mailing Address 4947 Rusten Rd		Amount of Each Disbursement this Period 1494.61	
City Eagan State MN Zip Code 55122-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) B. Stephanie Zawistowski		Transaction ID: 60818.E22846 Date of Disbursement MM / DD / YYYY 08 / 16 / 2006	
Mailing Address 4947 Rusten Rd		Amount of Each Disbursement this Period 1494.60	
City Eagan State MN Zip Code 55122-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

Full Name (Last, First, Middle Initial) C. Stephanie Zawistowski		Transaction ID: 60915.E23440 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 4947 Rusten Rd		Amount of Each Disbursement this Period 1494.62	
City Eagan State MN Zip Code 55122-	Purpose of Disbursement FEA PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	4483.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 197 / 310

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

Full Name (Last, First, Middle Initial) A. Stephanie Zawistowski		Transaction ID: 60915.E23453 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 4947 Rusten Rd		Amount of Each Disbursement this Period 382.11	
City Eagan State MN Zip Code 55122-	Purpose of Disbursement FEA: MILEAGE		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type FEA: MILEAGE	

SUBTOTAL of Disbursements This Page (optional)	382.11
TOTAL This Period (last page this line number only)	267357.38

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Intuit	Nature of Debt (Purpose): Checks & Envelopes
Mailing Address PO Box 513340	
City State ZIP Code Los Angeles CA 90051-	

Outstanding Balance Beginning This Period 643.01	Transaction ID: 3LS60810.E22483	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 643.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mayo Civic Center	Nature of Debt (Purpose): State Convention Facility Rental
Mailing Address 30 Civic Center Dr SE	
City State ZIP Code Rochester MN 55901-	

Outstanding Balance Beginning This Period 24822.54	Transaction ID: 6LS60818.E22575	
Amount Incurred This Period 0.00	Payment This Period 8274.18	Outstanding Balance at Close of This Period 16548.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Weinblatt & Gaylord PLC	Nature of Debt (Purpose): Legal Services
Mailing Address 111 E Kellogg Blvd	
City State ZIP Code Saint Paul MN 55101-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 12LS60919.E23730	
Amount Incurred This Period 15648.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 15648.11

1) SUBTOTALS This Period This Page (optional).....	32839.48
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 199 / 310
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunstone Hotel Properties	Nature of Debt (Purpose): Convention Catering
Mailing Address PO Box 1028	
City State ZIP Code Rochester MN 55903-	

Outstanding Balance Beginning This Period <input type="text" value="1845.20"/>	Transaction ID: 10LS60810.E22485	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1845.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dell Computers	Nature of Debt (Purpose): Computer Equipments
Mailing Address PO Box 9020	
City State ZIP Code Des Moines IA 50368-	

Outstanding Balance Beginning This Period <input type="text" value="7361.46"/>	Transaction ID: 4LS60810.E22479	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7361.46"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor St Paul Plumbing & Heating	Nature of Debt (Purpose): Air Conditioning Repairs
Mailing Address 640 Grand Ave	
City State ZIP Code Saint Paul MN 55105-	

Outstanding Balance Beginning This Period <input type="text" value="2483.33"/>	Transaction ID: 13LS60814.E22559	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2470.31"/>	Outstanding Balance at Close of This Period <input type="text" value="13.02"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9219.68"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 200 / 310
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Bank Credit Card	Nature of Debt (Purpose): Finance Charges
Mailing Address PO Box 790408	
City State ZIP Code Saint Louis MO 63179-	

Outstanding Balance Beginning This Period <input type="text" value="38.39"/>	Transaction ID: 1LS60320.E20157	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="38.39"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVVR Inc	Nature of Debt (Purpose): Sound State Convention
Mailing Address 3994 Cedarvale Dr	
City State ZIP Code Eagan MN 55122-	

Outstanding Balance Beginning This Period <input type="text" value="17355.10"/>	Transaction ID: 8LS60905.E23145	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4338.78"/>	Outstanding Balance at Close of This Period <input type="text" value="13016.32"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Best Buy	Nature of Debt (Purpose): Printers
Mailing Address Maplewood Mall	
City State ZIP Code Saint Paul MN 55110-	

Outstanding Balance Beginning This Period <input type="text" value="1601.64"/>	Transaction ID: 2LS60810.E22484	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1601.64"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="14656.35"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Inter-Tel Technologies	Nature of Debt (Purpose): Phone Equipment
Mailing Address PO Box 29653	
City State ZIP Code Phoenix AZ 85038-9653	

Outstanding Balance Beginning This Period 4394.21	Transaction ID: 7LS60905.E23125	
Amount Incurred This Period 0.00	Payment This Period 2168.92	Outstanding Balance at Close of This Period 2225.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Printing	Nature of Debt (Purpose): DFL Affinity Card Pamphlet
Mailing Address 1606 Hedway Circle	
City State ZIP Code Austin TX 78754-	

Outstanding Balance Beginning This Period 723.00	Transaction ID: 9LS60810.E22482	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 723.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Budget Truck Rental	Nature of Debt (Purpose): Truck Rental
Mailing Address 1400 Selby Avenue	
City State ZIP Code Saint Paul MN 55104-	

Outstanding Balance Beginning This Period 688.39	Transaction ID: LS60810.E22486	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 688.39

1) SUBTOTALS This Period This Page (optional).....	3636.68
2) TOTALS This Period (last page this line number only).....	60352.19
3) TOTALS 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 F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee 2829 University LLC		Purpose of Expenditure Additional Security Deposit	002 Category/Type
Mailing Address 7803 Glenroy Road #300		Date MM / DD / YYYY 08 / 17 / 2006	
City	State	ZIP Code	Amount <div style="border: 1px solid black; text-align: center; width: 150px; height: 20px;">3042.67</div>
Bloomington	MN	55420	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: center; width: 100px;">108488.64</div>		Transaction ID: 60824.E23009	

Full Name (Last, First, Middle Initial) of Each Payee Heather Abraham		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 517 Grant Ave		Date MM / DD / YYYY 08 / 31 / 2006	
City	State	ZIP Code	Amount <div style="border: 1px solid black; text-align: center; width: 150px; height: 20px;">277.81</div>
North Mankato	MN	56003	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: center; width: 100px;">108488.64</div>		Transaction ID: 60918.E23468	

Full Name (Last, First, Middle Initial) of Each Payee Heather Abraham		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 517 Grant Ave		Date MM / DD / YYYY 08 / 16 / 2006	
City	State	ZIP Code	Amount <div style="border: 1px solid black; text-align: center; width: 150px; height: 20px;">277.81</div>
North Mankato	MN	56003	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: center; width: 100px;">108488.64</div>		Transaction ID: 60905.E23172	

SUBTOTAL of Expenditures This Page (optional)	3598.29
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Heather Abraham		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 517 Grant Ave			
City	State	ZIP Code	Date
North Mankato	MN	56003	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 299.79
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22587			

Full Name (Last, First, Middle Initial) of Each Payee Jeff Anderson		Purpose of Expenditure Field Staff Stipend	002 Category/Type
Mailing Address 405 W 24th Street			
City	State	ZIP Code	Date
Minneapolis	MN	55405	M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22768			

Full Name (Last, First, Middle Initial) of Each Payee Jeff Anderson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 405 W 24th Street			
City	State	ZIP Code	Date
Minneapolis	MN	55405	M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23466			

SUBTOTAL of Expenditures This Page (optional)	1299.79
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Erik Bal		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2429 First Avenue S Apt 9			
City Minneapolis	State MN	ZIP Code 55404	Date MM / DD / YYYY 08 / 30 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶	108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: 60918.E23463			

Full Name (Last, First, Middle Initial) of Each Payee Jonpaul Barrabee		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 650 Windward Cir			
City Tucson	State AZ	ZIP Code 85705	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 314.21
Aggregate General Election Expenditure for this Candidate ▶	108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: 60918.E23469			

Full Name (Last, First, Middle Initial) of Each Payee Jonpaul Barrabee		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 650 Windward Cir			
City Tucson	State AZ	ZIP Code 85705	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 336.18
Aggregate General Election Expenditure for this Candidate ▶	108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: 60818.E22588			

SUBTOTAL of Expenditures This Page (optional)	1150.39
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jonpaul Barrabee		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 650 Windward Cir			
City	State	ZIP Code	Date
Tucson	AZ	85705	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">314.21</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23173			

Full Name (Last, First, Middle Initial) of Each Payee Michael Beckel		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 207 River Oaks Drive			
City	State	ZIP Code	Date
Cold Spring	MN	56320	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23470			

Full Name (Last, First, Middle Initial) of Each Payee Michael Beckel		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 207 River Oaks Drive			
City	State	ZIP Code	Date
Cold Spring	MN	56320	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.38</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23174			

SUBTOTAL of Expenditures This Page (optional)	892.98
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Michael Beckel		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 207 River Oaks Drive			
City	State	ZIP Code	Date
Cold Spring	MN	56320	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 341.58
	Transaction ID: 60818.E22628		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Erin Boeke Burke		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1467 Goodrich Avenue			
City	State	ZIP Code	Date
Saint Paul	MN	55105	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 352.78
	Transaction ID: 60905.E23175		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Erin Boeke Burke		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1467 Goodrich Avenue			
City	State	ZIP Code	Date
Saint Paul	MN	55105	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 299.78
	Transaction ID: 60918.E23471		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)	994.14
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Joshua Brand		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 132 Springhouse Road			
City Cherry Hill	State NJ	ZIP Code 08002	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23472			

Full Name (Last, First, Middle Initial) of Each Payee Joshua Brand		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 132 Springhouse Road			
City Cherry Hill	State NJ	ZIP Code 08002	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">393.78</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23176			

Full Name (Last, First, Middle Initial) of Each Payee Jonathon Bray		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2731 North 11th St			
City Sheboygan	State WI	ZIP Code 53083	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">404.98</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23177			

SUBTOTAL of Expenditures This Page (optional)	1088.15
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jonathon Bray		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2731 North 11th St			
City Sheboygan	State WI	ZIP Code 53083	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 299.79
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23473			

Full Name (Last, First, Middle Initial) of Each Payee Erin Bzymek		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 20830 Woodland Glen #210			
City Oakdale	State MN	ZIP Code 55128	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 278.59
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23178			

Full Name (Last, First, Middle Initial) of Each Payee Erin Bzymek		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 20830 Woodland Glen #210			
City Oakdale	State MN	ZIP Code 55128	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 278.59
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23474			

SUBTOTAL of Expenditures This Page (optional)	856.97
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Erin Bzymek		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 20830 Woodland Glen #210			
City Oakdale	State MN	ZIP Code 55128	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 278.58
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22589			

Full Name (Last, First, Middle Initial) of Each Payee Richard Carlborn		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 818 E Minnesota St			
City Saint Joseph	State MN	ZIP Code 56374	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 73.88
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23475			

Full Name (Last, First, Middle Initial) of Each Payee Richard Carlborn		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 818 E Minnesota St			
City Saint Joseph	State MN	ZIP Code 56374	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 73.88
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23179			

SUBTOTAL of Expenditures This Page (optional)	426.34
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Richard Carlborn		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 818 E Minnesota St			
City Saint Joseph	State MN	ZIP Code 56374	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 73.88	
Transaction ID: 60818.E22590		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jennette Cleland		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1339 Bayard Ave			
City Saint Paul	State MN	ZIP Code 55116	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 343.43	
Transaction ID: 60818.E22591		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jennette Cleland		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1339 Bayard Ave			
City Saint Paul	State MN	ZIP Code 55116	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 321.46	
Transaction ID: 60905.E23180		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	738.77
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jennette Cleland		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1339 Bayard Ave			
City	State	ZIP Code	Date
Saint Paul	MN	55116	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">321.46</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23476			

Full Name (Last, First, Middle Initial) of Each Payee Kathryn Cosse		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3257 Daytona Avenue			
City	State	ZIP Code	Date
Cincinnati	OH	45211	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">393.44</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23181			

Full Name (Last, First, Middle Initial) of Each Payee Kathryn Cosse		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3257 Daytona Avenue			
City	State	ZIP Code	Date
Cincinnati	OH	45211	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23477			

SUBTOTAL of Expenditures This Page (optional)	1004.29
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Paul Cumings		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 500 Third St Box 5			
City Grove City	State MN	ZIP Code 56243	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">267.41</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23478			

Full Name (Last, First, Middle Initial) of Each Payee Paul Cumings		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 500 Third St Box 5			
City Grove City	State MN	ZIP Code 56243	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22592			

Full Name (Last, First, Middle Initial) of Each Payee Paul Cumings		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 500 Third St Box 5			
City Grove City	State MN	ZIP Code 56243	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">267.41</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23182			

SUBTOTAL of Expenditures This Page (optional)	824.21
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Joseph Cupka		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5524- 105th Ave			
City	State	ZIP Code	Date
Brooklyn Park	MN	55443	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 299.79
	Transaction ID: 60818.E22593		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Joseph Cupka		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5524- 105th Ave			
City	State	ZIP Code	Date
Brooklyn Park	MN	55443	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 280.15
	Transaction ID: 60918.E23479		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Joseph Cupka		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5524- 105th Ave			
City	State	ZIP Code	Date
Brooklyn Park	MN	55443	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 280.14
	Transaction ID: 60905.E23183		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)	860.08
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Alex Cutler		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5127 Belmont Avenue S			
City	State	ZIP Code	Date
Minneapolis	MN	55419	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23184			

Full Name (Last, First, Middle Initial) of Each Payee Alex Cutler		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5127 Belmont Avenue S			
City	State	ZIP Code	Date
Minneapolis	MN	55419	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">241.16</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60919.E23701			

Full Name (Last, First, Middle Initial) of Each Payee Monica Dooner		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 209 8th St E #402			
City	State	ZIP Code	Date
Saint Paul	MN	55101	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">333.20</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23480			

SUBTOTAL of Expenditures This Page (optional)	863.75
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Monica Dooner		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 209 8th St E #402			
City Saint Paul	State MN	ZIP Code 55101	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date MM / DD / YYYY 08 / 16 / 2006	Amount 333.21
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23185		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jenna Duuenhoegger		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2601 Fremont Ave S #302			
City Minneapolis	State MN	ZIP Code 55408	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date MM / DD / YYYY 08 / 31 / 2006	Amount 278.59
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23481		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jenna Duuenhoegger		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2601 Fremont Ave S #302			
City Minneapolis	State MN	ZIP Code 55408	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date MM / DD / YYYY 08 / 16 / 2006	Amount 199.09
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23186		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	810.89
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee EFTPS Payroll Tax - IRS		Purpose of Expenditure Fed WH Taxes	002 Category/Type
Mailing Address PO Box 4210			
City	State	ZIP Code	Date
Iowa City	IA	52244	M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6398.34</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23462			

Full Name (Last, First, Middle Initial) of Each Payee EFTPS Payroll Tax - IRS		Purpose of Expenditure Fed WH Taxes	002 Category/Type
Mailing Address PO Box 4210			
City	State	ZIP Code	Date
Iowa City	IA	52244	M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3950.74</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23461			

Full Name (Last, First, Middle Initial) of Each Payee Theodore Eastman III		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 19822 78th Ave SE			
City	State	ZIP Code	Date
Snohomish	WA	98296	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">393.77</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23187			

SUBTOTAL of Expenditures This Page (optional)	10742.85
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Theodore Eastman III		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 19822 78th Ave SE			
City Snohomish	State WA	ZIP Code 98296	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	Amount 289.39
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23482		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Lori Elliot		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 705 W Putnam Street			
City Fayetteville	State AR	ZIP Code 72701	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	Amount 404.97
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23188		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Lori Elliot		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 705 W Putnam Street			
City Fayetteville	State AR	ZIP Code 72701	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	Amount 299.79
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23483		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	994.15
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Alex Falconer		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1517- 5th St W			
City	State	ZIP Code	Date
Red Wing	MN	55066	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 73.88
	Transaction ID: 60905.E23189		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Alex Falconer		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1517- 5th St W			
City	State	ZIP Code	Date
Red Wing	MN	55066	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 73.88
	Transaction ID: 60818.E22594		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Alex Falconer		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1517- 5th St W			
City	State	ZIP Code	Date
Red Wing	MN	55066	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported	Office Sought:	House <input checked="" type="checkbox"/> Senate Presidential	State: MN District: 00
KLOBUCHAR, AMY			
Aggregate General Election Expenditure for this Candidate	108488.64		Amount 73.88
	Transaction ID: 60918.E23484		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)	221.64
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Bryan Fisher		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 22716 Vick Dr			
City	State	ZIP Code	Date
Rapid City	SD	57702	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">256.61</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23190			

Full Name (Last, First, Middle Initial) of Each Payee Bryan Fisher		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 22716 Vick Dr			
City	State	ZIP Code	Date
Rapid City	SD	57702	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">256.61</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23485			

Full Name (Last, First, Middle Initial) of Each Payee Bryan Fisher		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 22716 Vick Dr			
City	State	ZIP Code	Date
Rapid City	SD	57702	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">278.59</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22595			

SUBTOTAL of Expenditures This Page (optional)	791.81
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Matthew Forbes		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 8367 Rich Rd			
City	State	ZIP Code	Date
Bloomington	MN	55437	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.59</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22596			

Full Name (Last, First, Middle Initial) of Each Payee Matthew Forbes		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 8367 Rich Rd			
City	State	ZIP Code	Date
Bloomington	MN	55437	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">256.61</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23191			

Full Name (Last, First, Middle Initial) of Each Payee Matthew Forbes		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 8367 Rich Rd			
City	State	ZIP Code	Date
Bloomington	MN	55437	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">256.61</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23486			

SUBTOTAL of Expenditures This Page (optional)	791.81
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Michael Gabiou		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1401 Indian Oaks Tr			
City Arden Hills	State MN	ZIP Code 55112	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	
Aggregate General Election Expenditure for this Candidate ▶		108488.64	
		Transaction ID: 60818.E22597	

Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	Amount <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right;">287.13</div>
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Michael Gabiou		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1401 Indian Oaks Tr			
City Arden Hills	State MN	ZIP Code 55112	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	
Aggregate General Election Expenditure for this Candidate ▶		108488.64	
		Transaction ID: 60918.E23487	

Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	Amount <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right;">287.13</div>
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Michael Gabiou		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1401 Indian Oaks Tr			
City Arden Hills	State MN	ZIP Code 55112	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	
Aggregate General Election Expenditure for this Candidate ▶		108488.64	
		Transaction ID: 60905.E23192	

Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	Amount <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right;">287.13</div>
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	861.39
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Max Gelfand		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2211 France Avenue S			
City	State	ZIP Code	Date
Saint Louis Park	MN	55416	M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23464			

Full Name (Last, First, Middle Initial) of Each Payee David Griggs		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3821 Lynn Ave S			
City	State	ZIP Code	Date
Saint Louis Park	MN	55416	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">419.08</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23193			

Full Name (Last, First, Middle Initial) of Each Payee David Griggs		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3821 Lynn Ave S			
City	State	ZIP Code	Date
Saint Louis Park	MN	55416	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">419.08</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23488			

SUBTOTAL of Expenditures This Page (optional)	1338.16
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Simone Hardeman		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1801 Spring Valley Rd			
City Golden Valley	State MN	ZIP Code 55422	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		Amount 267.41	
Transaction ID: 60918.E23489		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Simone Hardeman		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1801 Spring Valley Rd			
City Golden Valley	State MN	ZIP Code 55422	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		Amount 267.41	
Transaction ID: 60905.E23194		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Simone Hardeman		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1801 Spring Valley Rd			
City Golden Valley	State MN	ZIP Code 55422	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		Amount 289.38	
Transaction ID: 60818.E22598		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	824.20
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Caitlin Harvey		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1001 Spring Street #816			
City	State	ZIP Code	
Silver Spring	MN	20910	
Name of Federal Candidate Supported	Office Sought:	House	State: MN
KLOBUCHAR, AMY		<input checked="" type="checkbox"/> Senate	District: 00
		<input type="checkbox"/> Presidential	
Aggregate General Election Expenditure for this Candidate ▶	108488.64		
Transaction ID: 60905.E23195		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Caitlin Harvey		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1001 Spring Street #816			
City	State	ZIP Code	
Silver Spring	MN	20910	
Name of Federal Candidate Supported	Office Sought:	House	State: MN
KLOBUCHAR, AMY		<input checked="" type="checkbox"/> Senate	District: 00
		<input type="checkbox"/> Presidential	
Aggregate General Election Expenditure for this Candidate ▶	108488.64		
Transaction ID: 60918.E23490		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Justin Hatmaker		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 6003 Edson St			
City	State	ZIP Code	
Vermilion	OH	44089	
Name of Federal Candidate Supported	Office Sought:	House	State: MN
KLOBUCHAR, AMY		<input checked="" type="checkbox"/> Senate	District: 00
		<input type="checkbox"/> Presidential	
Aggregate General Election Expenditure for this Candidate ▶	108488.64		
Transaction ID: 60918.E23491		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	1114.47
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Justin Hatmaker		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 6003 Edson St			
City Vermilion	State OH	ZIP Code 44089	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 409.71
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23196		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Justin Hatmaker		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 6003 Edson St			
City Vermilion	State OH	ZIP Code 44089	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 409.71
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60818.E22599		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Mark Henson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4315- 2nd Rd N #4			
City Arlington	State VA	ZIP Code 22203	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 381.31
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60818.E22600		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	1200.73
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Mark Henson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4315- 2nd Rd N #4			
City Arlington	State VA	ZIP Code 22203	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">381.31</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23492			

Full Name (Last, First, Middle Initial) of Each Payee Mark Henson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4315- 2nd Rd N #4			
City Arlington	State VA	ZIP Code 22203	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">381.31</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23197			

Full Name (Last, First, Middle Initial) of Each Payee Jennifer Holcomb		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4711 Okpealuk Ct			
City Rapid City	State SD	ZIP Code 57702	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.42</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22601			

SUBTOTAL of Expenditures This Page (optional)	1041.04
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jennifer Holcomb		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4711 Okpealuk Ct			
City	State	ZIP Code	Date
Rapid City	SD	57702	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.42</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23493			

Full Name (Last, First, Middle Initial) of Each Payee Jennifer Holcomb		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4711 Okpealuk Ct			
City	State	ZIP Code	Date
Rapid City	SD	57702	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.42</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23198			

Full Name (Last, First, Middle Initial) of Each Payee Nathan Horning		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 23918 Bruce Road			
City	State	ZIP Code	Date
Bay Village	OH	44140	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.59</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23494			

SUBTOTAL of Expenditures This Page (optional)	835.43
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Nathan Horning		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 23918 Bruce Road			
City Bay Village	State OH	ZIP Code 44140	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 380.17
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23199			

Full Name (Last, First, Middle Initial) of Each Payee Melissa Jamrock		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 15447 Diekman Court			
City Dolton	State IL	ZIP Code 60419	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 278.59
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23495			

Full Name (Last, First, Middle Initial) of Each Payee Melissa Jamrock		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 15447 Diekman Court			
City Dolton	State IL	ZIP Code 60419	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 380.17
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23200			

SUBTOTAL of Expenditures This Page (optional)	1038.93
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Eugene Kang		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3148 Mills Ct			
City	State	ZIP Code	Date
Ann Arbor	MI	48104	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">258.93</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23496			

Full Name (Last, First, Middle Initial) of Each Payee Eugene Kang		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3148 Mills Ct			
City	State	ZIP Code	Date
Ann Arbor	MI	48104	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">258.93</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23201			

Full Name (Last, First, Middle Initial) of Each Payee Eugene Kang		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3148 Mills Ct			
City	State	ZIP Code	Date
Ann Arbor	MI	48104	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">278.59</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22602			

SUBTOTAL of Expenditures This Page (optional)	796.45
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Sean Keir		Purpose of Expenditure Field Staff Stipend	002 Category/Type
Mailing Address 4905 Knox Ave S			
City	State	ZIP Code	Date
Minneapolis	MN	55419	M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1600.00</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22826			

Full Name (Last, First, Middle Initial) of Each Payee John Keller		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1817 Highland Parkway			
City	State	ZIP Code	Date
Saint Paul	MN	55116	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">393.77</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23202			

Full Name (Last, First, Middle Initial) of Each Payee John Keller		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1817 Highland Parkway			
City	State	ZIP Code	Date
Saint Paul	MN	55116	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23497			

SUBTOTAL of Expenditures This Page (optional)	2283.16
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Lauren Kidwell		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2233 University Ave W #342			
City Saint Paul	State MN	ZIP Code 55114	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 431.08	
Transaction ID: 60818.E22603		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Lauren Kidwell		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2233 University Ave W #342			
City Saint Paul	State MN	ZIP Code 55114	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 409.11	
Transaction ID: 60918.E23498		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Lauren Kidwell		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2233 University Ave W #342			
City Saint Paul	State MN	ZIP Code 55114	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 409.10	
Transaction ID: 60905.E23203		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	1249.29
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Adam Kohnstamm		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2047 Selby Ave			
City Saint Paul	State MN	ZIP Code 55104	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 278.59	
Transaction ID: 60818.E22604		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Adam Kohnstamm		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2047 Selby Ave			
City Saint Paul	State MN	ZIP Code 55104	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 256.61	
Transaction ID: 60918.E23499		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Adam Kohnstamm		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2047 Selby Ave			
City Saint Paul	State MN	ZIP Code 55104	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount 256.61	
Transaction ID: 60905.E23204		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	791.81
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jason Lamote	Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 523 N Marshall Ave		
City Springfield	State MN	ZIP Code 56087
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>
Aggregate General Election Expenditure for this Candidate ▶	108488.64	Date MM / DD / YYYY 08 / 16 / 2006
Transaction ID: 60905.E23205		Amount 256.61
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Jason Lamote	Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 523 N Marshall Ave		
City Springfield	State MN	ZIP Code 56087
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>
Aggregate General Election Expenditure for this Candidate ▶	108488.64	Date MM / DD / YYYY 08 / 03 / 2006
Transaction ID: 60818.E22605		Amount 278.59
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee Jason Lamote	Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 523 N Marshall Ave		
City Springfield	State MN	ZIP Code 56087
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>
Aggregate General Election Expenditure for this Candidate ▶	108488.64	Date MM / DD / YYYY 08 / 31 / 2006
Transaction ID: 60918.E23500		Amount 256.61
<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)	791.81
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Nancy Leeds		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 16 Hamilton Drive			
City	State	ZIP Code	Date
Chappaqua	NY	10514	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">393.77</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23206			

Full Name (Last, First, Middle Initial) of Each Payee Nancy Leeds		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 16 Hamilton Drive			
City	State	ZIP Code	Date
Chappaqua	NY	10514	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23501			

Full Name (Last, First, Middle Initial) of Each Payee Jesse Levine		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 36 Ormand Park Rd			
City	State	ZIP Code	Date
Glen Head	NY	11545	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">257.22</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22606			

SUBTOTAL of Expenditures This Page (optional)	940.38
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jesse Levine		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 36 Ormand Park Rd			
City Glen Head	State NY	ZIP Code 11545	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	Amount 257.22
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23502		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jesse Levine		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 36 Ormand Park Rd			
City Glen Head	State NY	ZIP Code 11545	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	Amount 257.22
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23207		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Lit Happens		Purpose of Expenditure Door Knock Flyer	002 Category/Type
Mailing Address 522 3rd Ave SE			
City Minneapolis	State MN	ZIP Code 55414	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	Amount 7350.00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23522		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	7864.44
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jeremy Lowey		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3165 Land Park Drive			
City Sacramento	State CA	ZIP Code 95818	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.39
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23208			

Full Name (Last, First, Middle Initial) of Each Payee Jeremy Lowey		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3165 Land Park Drive			
City Sacramento	State CA	ZIP Code 95818	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.38
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23503			

Full Name (Last, First, Middle Initial) of Each Payee Kari Lundstad-Vogt		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3028 47th Avenue S			
City Minneapolis	State MN	ZIP Code 55406	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 280.58
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22607			

SUBTOTAL of Expenditures This Page (optional)	859.35
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Kari Lundstad-Vogt		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3028 47th Avenue S			
City	State	ZIP Code	Date
Minneapolis	MN	55406	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">280.57</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23209			

Full Name (Last, First, Middle Initial) of Each Payee Kari Lundstad-Vogt		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3028 47th Avenue S			
City	State	ZIP Code	Date
Minneapolis	MN	55406	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">280.58</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23504			

Full Name (Last, First, Middle Initial) of Each Payee MN Dept of Revenue		Purpose of Expenditure MN WH Taxes	002 Category/Type
Mailing Address PO Box 821			
City	State	ZIP Code	Date
Minneapolis	MN	55480	M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1111.60</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23460			

SUBTOTAL of Expenditures This Page (optional)	1672.75
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee MN Dept of Revenue		Purpose of Expenditure MN WH Taxes	002 Category/Type
Mailing Address PO Box 821			
City	State	ZIP Code	Date
Minneapolis	MN	55480	M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">678.80</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23459			

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Maines		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2016- 4th St S			
City	State	ZIP Code	Date
Ironton	OH	45638	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">299.78</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23210			

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Maines		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2016- 4th St S			
City	State	ZIP Code	Date
Ironton	OH	45638	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">299.79</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23505			

SUBTOTAL of Expenditures This Page (optional)	1278.37
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Maines		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2016- 4th St S			
City Ironton	State OH	ZIP Code 45638	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">299.79</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22608			

Full Name (Last, First, Middle Initial) of Each Payee Ruth McDonald		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4513 Windom PI NW			
City Washington	State DC	ZIP Code 20016	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">277.81</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23211			

Full Name (Last, First, Middle Initial) of Each Payee Ruth McDonald		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4513 Windom PI NW			
City Washington	State DC	ZIP Code 20016	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">277.81</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23506			

SUBTOTAL of Expenditures This Page (optional)	855.41
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Ruth McDonald		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4513 Windom Pl NW			
City Washington	State DC	ZIP Code 20016	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount	299.78
Transaction ID: 60818.E22610		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Patrick McGarrity		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 210 S Wheeler St			
City Saint Paul	State MN	ZIP Code 55105	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount	278.42
Transaction ID: 60818.E22611		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Patrick McGarrity		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 210 S Wheeler St			
City Saint Paul	State MN	ZIP Code 55105	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶		Amount	278.42
Transaction ID: 60918.E23507		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	856.62
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Patrick McGarrity		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 210 S Wheeler St			
City	State	ZIP Code	Date
Saint Paul	MN	55105	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 278.42
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23212			

Full Name (Last, First, Middle Initial) of Each Payee Mario McHarris		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 4937 S Woodlawn Avenue			
City	State	ZIP Code	Date
Chicago	IL	60615	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 299.79
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23508			

Full Name (Last, First, Middle Initial) of Each Payee Chad McKenna		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1508 E 4th St			
City	State	ZIP Code	Date
Duluth	MN	55812	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 268.02
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23213			

SUBTOTAL of Expenditures This Page (optional)	846.23
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Chad McKenna		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1508 E 4th St			
City	State	ZIP Code	Date
Duluth	MN	55812	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.38</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22612			

Full Name (Last, First, Middle Initial) of Each Payee Chad McKenna		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1508 E 4th St			
City	State	ZIP Code	Date
Duluth	MN	55812	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">268.02</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23509			

Full Name (Last, First, Middle Initial) of Each Payee Daniel Miyamoto		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2214 15th Ave S			
City	State	ZIP Code	Date
Fargo	ND	58103	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">220.28</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23214			

SUBTOTAL of Expenditures This Page (optional)	777.68
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee John Moore		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1804 16th Ave S #4			
City	State	ZIP Code	
Minneapolis	MN	55404	
Name of Federal Candidate Supported	Office Sought:	House	State: MN
KLOBUCHAR, AMY		<input checked="" type="checkbox"/> Senate	District: 00
		<input type="checkbox"/> Presidential	
Aggregate General Election Expenditure for this Candidate ▶	108488.64		
Transaction ID: 60918.E23510		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee John Moore		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1804 16th Ave S #4			
City	State	ZIP Code	
Minneapolis	MN	55404	
Name of Federal Candidate Supported	Office Sought:	House	State: MN
KLOBUCHAR, AMY		<input checked="" type="checkbox"/> Senate	District: 00
		<input type="checkbox"/> Presidential	
Aggregate General Election Expenditure for this Candidate ▶	108488.64		
Transaction ID: 60905.E23215		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee John Moore		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1804 16th Ave S #4			
City	State	ZIP Code	
Minneapolis	MN	55404	
Name of Federal Candidate Supported	Office Sought:	House	State: MN
KLOBUCHAR, AMY		<input checked="" type="checkbox"/> Senate	District: 00
		<input type="checkbox"/> Presidential	
Aggregate General Election Expenditure for this Candidate ▶	108488.64		
Transaction ID: 60818.E22613		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	793.01
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Scott DC Morrison		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 753 Miner Road			
City Orinda	State CA	ZIP Code 94563	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 416.17
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23216			

Full Name (Last, First, Middle Initial) of Each Payee Scott DC Morrison		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 753 Miner Road			
City Orinda	State CA	ZIP Code 94563	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 310.19
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23511			

Full Name (Last, First, Middle Initial) of Each Payee Danielle Most		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1360 Rosemary Ct			
City Hastings	State MN	ZIP Code 55033	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 299.78
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22614			

SUBTOTAL of Expenditures This Page (optional)	1026.14
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Danielle Most		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1360 Rosemary Ct			
City Hastings	State MN	ZIP Code 55033	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">277.81</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23217			

Full Name (Last, First, Middle Initial) of Each Payee Danielle Most		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1360 Rosemary Ct			
City Hastings	State MN	ZIP Code 55033	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">277.81</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23512			

Full Name (Last, First, Middle Initial) of Each Payee Kerry Myers		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 301 3rd St E			
City Duluth	State MN	ZIP Code 55805	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">277.81</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23513			

SUBTOTAL of Expenditures This Page (optional)	833.43
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Kerry Myers		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 301 3rd St E			
City Duluth	State MN	ZIP Code 55805	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date MM / DD / YYYY 08 / 16 / 2006	Amount 277.81
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23218		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Kerry Myers		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 301 3rd St E			
City Duluth	State MN	ZIP Code 55805	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date MM / DD / YYYY 08 / 03 / 2006	Amount 299.79
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60818.E22615		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Leah Olm		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3538 Blaisdell			
City Minneapolis	State MN	ZIP Code 55408	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date MM / DD / YYYY 08 / 31 / 2006	Amount 209.88
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23514		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	787.48
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Sarah Oppenheim		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 23 Stanton Way			
City Mill Valley	State CA	ZIP Code 94941	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	Amount 278.58
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23515		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Sarah Oppenheim		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 23 Stanton Way			
City Mill Valley	State CA	ZIP Code 94941	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	Amount 278.59
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23219		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Will Peltier		Purpose of Expenditure Field Staff Stip- end	002 Category/Type
Mailing Address 21 Barton Avenue			
City Minneapolis	State MN	ZIP Code 55414	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60818.E22841		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	1057.17
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Will Peltier		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 21 Barton Avenue			
City	State	ZIP Code	Date
Minneapolis	MN	55414	M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23465			

Full Name (Last, First, Middle Initial) of Each Payee Peter Polga-Hecimovich		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 14200 11th St S			
City	State	ZIP Code	Date
Burnsville	MN	55337	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 268.02
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23220			

Full Name (Last, First, Middle Initial) of Each Payee Peter Polga-Hecimovich		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 14200 11th St S			
City	State	ZIP Code	Date
Burnsville	MN	55337	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 268.01
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23516			

SUBTOTAL of Expenditures This Page (optional)	1036.03
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Peter Polga-Hecimovich		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 14200 11th St S			
City Burnsville	State MN	ZIP Code 55337	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 268.02
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60818.E22616		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Kristina Portner		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1088 24th Ave SE			
City Minneapolis	State MN	ZIP Code 55414	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.38
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23517		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Kristina Portner		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 1088 24th Ave SE			
City Minneapolis	State MN	ZIP Code 55414	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.39
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23221		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	846.79
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Zachary Rodvold		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 405 24th St W			
City	State	ZIP Code	Date
Minneapolis	MN	55405	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">641.66</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22617			

Full Name (Last, First, Middle Initial) of Each Payee Zachary Rodvold		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 405 24th St W			
City	State	ZIP Code	Date
Minneapolis	MN	55405	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">619.69</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23518			

Full Name (Last, First, Middle Initial) of Each Payee Zachary Rodvold		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 405 24th St W			
City	State	ZIP Code	Date
Minneapolis	MN	55405	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">619.68</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23222			

SUBTOTAL of Expenditures This Page (optional)	1881.03
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jacob Savage		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 285 CPW #25			
City New York	State NY	ZIP Code 10024	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 404.97
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23223			

Full Name (Last, First, Middle Initial) of Each Payee Jacob Savage		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 285 CPW #25			
City New York	State NY	ZIP Code 10024	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 299.79
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23519			

Full Name (Last, First, Middle Initial) of Each Payee Jessica Schaum		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 17022 232nd Ave			
City Big Lake	State MN	ZIP Code 55309	Date MM / DD / YYYY 08 / 03 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.39
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22618			

SUBTOTAL of Expenditures This Page (optional)	994.15
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jessica Schaum		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 17022 232nd Ave			
City Big Lake	State MN	ZIP Code 55309	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.39
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23520		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jessica Schaum		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 17022 232nd Ave			
City Big Lake	State MN	ZIP Code 55309	Date MM / DD / YYYY 08 / 16 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 289.38
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23224		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Timothy Schumann		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3035 44th Ave S			
City Minneapolis	State MN	ZIP Code 55406	Date MM / DD / YYYY 08 / 31 / 2006
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 332.66
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23521		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	911.43
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Timothy Schumann		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3035 44th Ave S			
City	State	ZIP Code	Date
Minneapolis	MN	55406	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">354.63</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22619			

Full Name (Last, First, Middle Initial) of Each Payee Timothy Schumann		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3035 44th Ave S			
City	State	ZIP Code	Date
Minneapolis	MN	55406	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">332.66</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23225			

Full Name (Last, First, Middle Initial) of Each Payee Nathan Sellers		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5501 Park Ave S			
City	State	ZIP Code	Date
Minneapolis	MN	55417	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.58</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22620			

SUBTOTAL of Expenditures This Page (optional)	965.87
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Nathan Sellers		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 5501 Park Ave S			
City	State	ZIP Code	Date
Minneapolis	MN	55417	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 256.61
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23226			

Full Name (Last, First, Middle Initial) of Each Payee Joe Smyth		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 2077 Highland Parkway			
City	State	ZIP Code	Date
Saint Paul	MN	55116	M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 500.00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23467			

Full Name (Last, First, Middle Initial) of Each Payee Jacob Spano		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3978 Dakota Ave S			
City	State	ZIP Code	Date
Saint Louis Park	MN	55416	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount 416.24
Aggregate General Election Expenditure for this Candidate ▶ 108488.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23227			

SUBTOTAL of Expenditures This Page (optional)	1172.85
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jacob Spano		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3978 Dakota Ave S			
City	State	ZIP Code	Date
Saint Louis Park	MN	55416	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">416.23</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22621			

Full Name (Last, First, Middle Initial) of Each Payee Jacob Spano		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3978 Dakota Ave S			
City	State	ZIP Code	Date
Saint Louis Park	MN	55416	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">416.23</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23523			

Full Name (Last, First, Middle Initial) of Each Payee Carrianna Suiter		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 270 Orchid Hill Dr W			
City	State	ZIP Code	Date
Delaware	OH	43015	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">289.39</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22622			

SUBTOTAL of Expenditures This Page (optional)	1121.85
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Carrianna Suiter		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 270 Orchid Hill Dr W			
City Delaware	State OH	ZIP Code 43015	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">267.41</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23525			

Full Name (Last, First, Middle Initial) of Each Payee Carrianna Suiter		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 270 Orchid Hill Dr W			
City Delaware	State OH	ZIP Code 43015	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">267.41</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23228			

Full Name (Last, First, Middle Initial) of Each Payee Dustin Trice		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 15300 37th Ave N #A210			
City Plymouth	State MN	ZIP Code 55446	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>MN</u> District: <u>00</u>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">67.08</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23526			

SUBTOTAL of Expenditures This Page (optional)	601.90
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Dustin Trice		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 15300 37th Ave N #A210		Date MM / DD / YYYY 08 / 03 / 2006	
City Plymouth	State MN	ZIP Code 55446	Amount <div style="border: 1px solid black; text-align: center; width: 100px;">67.08</div>
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: center; width: 100px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22623			

Full Name (Last, First, Middle Initial) of Each Payee Dustin Trice		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 15300 37th Ave N #A210		Date MM / DD / YYYY 08 / 16 / 2006	
City Plymouth	State MN	ZIP Code 55446	Amount <div style="border: 1px solid black; text-align: center; width: 100px;">67.08</div>
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: center; width: 100px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23229			

Full Name (Last, First, Middle Initial) of Each Payee Union House		Purpose of Expenditure Barn Signs	002 Category/Type
Mailing Address 26796 Felton Avenue		Date MM / DD / YYYY 08 / 23 / 2006	
City Wyoming	State MN	ZIP Code 55092	Amount <div style="border: 1px solid black; text-align: center; width: 100px;">6496.50</div>
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: center; width: 100px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60824.E23054			

SUBTOTAL of Expenditures This Page (optional)	6630.66
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jaclyn Urness		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3513 Dupont Ave S #113			
City Minneapolis	State MN	ZIP Code 55408	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60918.E23527		Amount 257.22	
		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jaclyn Urness		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3513 Dupont Ave S #113			
City Minneapolis	State MN	ZIP Code 55408	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60818.E22624		Amount 257.22	
		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee Jaclyn Urness		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 3513 Dupont Ave S #113			
City Minneapolis	State MN	ZIP Code 55408	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	State: MN District: 00
Aggregate General Election Expenditure for this Candidate ▶ 108488.64 Transaction ID: 60905.E23230		Amount 257.22	
		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	771.66
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Jeffrey Will		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 642 Quail Ridge Circle			
City	State	ZIP Code	Date
Mendota Heights	MN	55120	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">278.59</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23528			

Full Name (Last, First, Middle Initial) of Each Payee Graham Wilson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 935 17th Ave SE			
City	State	ZIP Code	Date
Minneapolis	MN	55414	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">257.22</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23231			

Full Name (Last, First, Middle Initial) of Each Payee Graham Wilson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 935 17th Ave SE			
City	State	ZIP Code	Date
Minneapolis	MN	55414	M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; text-align: right; padding: 2px;">257.21</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; text-align: right; padding: 2px;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60918.E23529			

SUBTOTAL of Expenditures This Page (optional)	793.02
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Graham Wilson		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 935 17th Ave SE			
City	State	ZIP Code	Date
Minneapolis	MN	55414	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">257.22</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22625			

Full Name (Last, First, Middle Initial) of Each Payee Andy Zabel		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 105 S 4th St			
City	State	ZIP Code	Date
Humboldt	IA	50548	M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">381.31</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60905.E23232			

Full Name (Last, First, Middle Initial) of Each Payee Andy Zabel		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 105 S 4th St			
City	State	ZIP Code	Date
Humboldt	IA	50548	M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">381.31</div>
Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">108488.64</div>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 60818.E22626			

SUBTOTAL of Expenditures This Page (optional)	1019.84
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee: Democratic Senatorial Campaign Committee	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Andy Zabel		Purpose of Expenditure Staff Services	002 Category/Type
Mailing Address 105 S 4th St		Date MM / DD / YYYY 08 / 31 / 2006	
City Humboldt	State IA	ZIP Code 50548	
Name of Federal Candidate Supported KLOBUCHAR, AMY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MN	District: 00
Aggregate General Election Expenditure for this Candidate ▶	108488.64		Amount 381.31
Transaction ID: 60918.E23530		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	381.31
TOTAL This Period (last page this line number only)	82695.02

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

NAME OF ACCOUNT
 State Checking 5th
 & Kellogg

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 0 8 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

8000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8000.00

Transaction ID: H360918.C356515

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

Transaction ID:

v) Direct Candidate Support (List of Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

Transaction ID:

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

Transaction ID:

TOTAL This Period (Generic Voter Drive)

Transaction ID:

TOTAL This Period (Exempt Activities)

Transaction ID:

TOTAL This Period (Direct Fundraising)

Transaction ID:

TOTAL This Period (Direct Candidate Support)

Transaction ID:

TOTAL This Period (Public Communications Referring Only to Party)

Transaction ID:

TOTAL This Period (Total Amount Transferred)

Transaction ID:

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

NAME OF ACCOUNT
 State Checking 5th
 & Kellogg

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

22300.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

22300.00

Transaction ID: H360918.C356516

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

NAME OF ACCOUNT
 State Checking 5th
 & Kellogg

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

32350.50

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative**

32350.50

Transaction ID: H360918.C356517

ii) **Generic Voter Drive**

Transaction ID:

iii) **Exempt Activities**

Transaction ID:

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) **Direct Candidate Support** (List of Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) **Public Communications Referring Only to Party** (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

NAME OF ACCOUNT
 State Checking 5th
 & Kellogg

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

29000.00

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative**

29000.00

Transaction ID: H360918.C356518

ii) **Generic Voter Drive**

Transaction ID:

iii) **Exempt Activities**

Transaction ID:

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) **Direct Candidate Support** (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) **Public Communications Referring Only to Party** (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

91650.50

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

91650.50

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Aqua Engineering			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6561 City West Pkwy			Allocated Activity or Event Year-To-Date 448803.38		
City Eden Prairie	State MN	Zip Code 55344-	Date <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Lawn Sprinkler System			Transaction ID: H460814.E22545		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.46		238.71		302.17

B. Full Name (Last, First, Middle Initial) Aspen Waste Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2951 Weeks Ave SE			Allocated Activity or Event Year-To-Date 449353.03		
City Minneapolis	State MN	Zip Code 55414-	Date <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Trash & Recycling			Transaction ID: H460814.E22546		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.93		150.22		190.15

C. Full Name (Last, First, Middle Initial) Asset Recovery C&T Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 State St			Allocated Activity or Event Year-To-Date 449033.78		
City Saint Paul	State MN	Zip Code 55107-	Date <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Computer Equipment Recycling			Transaction ID: H460814.E22547		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.96		146.54		185.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.35		535.47		677.82

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Board of Water

Mailing Address
8 4th St E #200

City State Zip Code
Saint Paul MN 55101-

Purpose of Disbursement:
Water & Sewer

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
448848.28
Date 08 / 08 / 2006
Transaction ID: H460814.E22548

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.43		35.47		44.90

B. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address
PO Box 6438

City State Zip Code
Carol Stream IL 60197-

Purpose of Disbursement:
Cell Phone

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
449162.88
Date 08 / 08 / 2006
Transaction ID: H460814.E22549

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.11		101.99		129.10

C. Full Name (Last, First, Middle Initial)
GE Capitol

Mailing Address
PO Box 31001 0270

City State Zip Code
Pasadena CA 91110-

Purpose of Disbursement:
Copy Machine Lease

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
445009.50
Date 08 / 08 / 2006
Transaction ID: H460814.E22550

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.62		378.53		479.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
137.16		515.99		653.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Jackie Stevenson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3541 Robinwood Terr			Allocated Activity or Event Year-To-Date 444509.37		
City Minnetonka	State MN	Zip Code 55305-4327	Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460814.E22551		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="166.51"/>		<input type="text" value="626.38"/>		<input type="text" value="792.89"/>

B. Full Name (Last, First, Middle Initial) American Airlines			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Lindbergh Terminal			Allocated Activity or Event Year-To-Date 293.70		
City Saint Paul	State MN	Zip Code 55107-	Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Airfare - Stevenson			Transaction ID: H460919.E23703		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Airfare - Stevenson					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="61.68"/>		<input type="text" value="232.02"/>		<input type="text" value="293.70"/>

C. Full Name (Last, First, Middle Initial) AmericaWest Airlines			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4222 East Mead			Allocated Activity or Event Year-To-Date 224.39		
City Phoenix	State AZ	Zip Code 85018-	Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Airfare - Stevenson			Transaction ID: H460919.E23704		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Airfare - Stevenson					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="47.12"/>		<input type="text" value="177.27"/>		<input type="text" value="224.39"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="166.51"/>		<input type="text" value="626.38"/>		<input type="text" value="792.89"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Sheraton New Orleans			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 500 Canal Street			Allocated Activity or Event Year-To-Date 274.80	
City	State	Zip Code	Date M M / D D / Y Y Y Y 08 / 03 / 2006	
New Orleans	LA	70130-		
Purpose of Disbursement: Lodging -Stevenson			Transaction ID: H460919.E23705	
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Lodging -Stevenson				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.71		217.09		274.80

B. Full Name (Last, First, Middle Initial) Janet Rein			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 10202 Pierce PI NE			Allocated Activity or Event Year-To-Date 444530.35	
City	State	Zip Code	Date M M / D D / Y Y Y Y 08 / 08 / 2006	
Blaine	MN	55434-		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460814.E22552	
Activity or Event Identifier: ADMINISTRATION B 31				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41		16.57		20.98

C. Full Name (Last, First, Middle Initial) Menards			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3100 Highway 13 W			Allocated Activity or Event Year-To-Date 20.98	
City	State	Zip Code	Date M M / D D / Y Y Y Y 08 / 08 / 2006	
Burnsville	MN	55306-		
Purpose of Disbursement: String - Rein			Transaction ID: H460919.E23706	
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] String - Rein				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41		16.57		20.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41		16.57		20.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Joes Lawnscape			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 256 6th Ave S			Allocated Activity or Event Year-To-Date 448501.21		
City South Saint Paul	State MN	Zip Code 55075-	Date MM / DD / YYYY 08 / 08 / 2006		
Purpose of Disbursement: Lawn Care			Transaction ID: H460814.E22553		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.45		204.84		259.29

B. Full Name (Last, First, Middle Initial) Kat-Keys			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 249 E 7th St			Allocated Activity or Event Year-To-Date 445029.24		
City Saint Paul	State MN	Zip Code 55101-	Date MM / DD / YYYY 08 / 08 / 2006		
Purpose of Disbursement: New Keys			Transaction ID: H460814.E22554		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.15		15.59		19.74

C. Full Name (Last, First, Middle Initial) Metro Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 31001-0271			Allocated Activity or Event Year-To-Date 448241.92		
City Pasadena	State CA	Zip Code 91110-	Date MM / DD / YYYY 08 / 08 / 2006		
Purpose of Disbursement: Copier Machine Lease			Transaction ID: H460814.E22555		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.20		361.89		458.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.80		582.32		737.12

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Minikahda Mini Storage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1200 N Concord St			Allocated Activity or Event Year-To-Date 445212.24																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
South Saint Paul	MN	55075-	Transaction ID: H460814.E22556																						
Purpose of Disbursement: Storage Space Rent			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	0	8	/	2	0	0	6																

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.43		144.57		183.00

B. Full Name (Last, First, Middle Initial) Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 446734.43																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Cincinnati	OH	45263-	Transaction ID: H460814.E22557																						
Purpose of Disbursement: Office Supplies			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	0	8	/	2	0	0	6																

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
319.66		1202.53		1522.19

C. Full Name (Last, First, Middle Initial) St Cloud Times			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 768			Allocated Activity or Event Year-To-Date 447783.83																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Saint Cloud	MN	56302-	Transaction ID: H460814.E22558																						
Purpose of Disbursement: Subscription			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	0	8	/	2	0	0	6																

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.37		39.03		49.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
368.46		1386.13		1754.59

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) St Paul Plumbing & Heating			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 640 Grand Ave			Allocated Activity or Event Year-To-Date 447734.43		
City Saint Paul	State MN	Zip Code 55105-	Date MM / DD / YYYY 08 / 08 / 2006		
Purpose of Disbursement: Air Conditioning Repair			Transaction ID: H460814.E22559		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

B. Full Name (Last, First, Middle Initial) North Star Mini Storage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2356 University Ave W			Allocated Activity or Event Year-To-Date 442856.48		
City Saint Paul	State MN	Zip Code 55114-	Date MM / DD / YYYY 08 / 01 / 2006		
Purpose of Disbursement: Storage Space Rent			Transaction ID: H460814.E22560		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.95		233.05		295.00

C. Full Name (Last, First, Middle Initial) Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 442161.48		
City Cincinnati	State OH	Zip Code 45263-	Date MM / DD / YYYY 08 / 01 / 2006		
Purpose of Disbursement: Office Supplies			Transaction ID: H460814.E22561		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.78		44.33		56.11

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
283.73		1067.38		1351.11

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Sandler Reiff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 E St SE #300			Allocated Activity or Event Year-To-Date 442561.48		
City Washington	State DC	Zip Code 20003-	Date MM / DD / YYYY 08 / 01 / 2006		
Purpose of Disbursement: Legal Fees			Transaction ID: H460814.E22562		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

B. Full Name (Last, First, Middle Initial) Synchronicity			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 8525 Stanley Ave S			Allocated Activity or Event Year-To-Date 443716.48		
City Bloomington	State MN	Zip Code 55437-	Date MM / DD / YYYY 08 / 01 / 2006		
Purpose of Disbursement: Computer Networking			Transaction ID: H460814.E22563		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.35		106.65		135.00

C. Full Name (Last, First, Middle Initial) Synchronicity			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 8525 Stanley Ave S			Allocated Activity or Event Year-To-Date 443581.48		
City Bloomington	State MN	Zip Code 55437-	Date MM / DD / YYYY 08 / 01 / 2006		
Purpose of Disbursement: Computer Networking			Transaction ID: H460814.E22564		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.25		177.75		225.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
159.60		600.40		760.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Synchronicity			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 8525 Stanley Ave S			Allocated Activity or Event Year-To-Date 443356.48		
City Bloomington	State MN	Zip Code 55437-	Date <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Computer Networking			Transaction ID: H460814.E22565		
Activity or Event Identifier: ADMINISTRATION B 31			Category/Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

B. Full Name (Last, First, Middle Initial) AICCO Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1001 Winstead Dr #500			Allocated Activity or Event Year-To-Date 462956.01		
City Cary	State NC	Zip Code 27513-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Commercial Liability Insurance			Transaction ID: H460818.E22848		
Activity or Event Identifier: ADMINISTRATION B 31			Category/Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
266.56		1002.75		1269.31

C. Full Name (Last, First, Middle Initial) Cartridge Care			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2256 Terminal Rd			Allocated Activity or Event Year-To-Date 476073.38		
City Roseville	State MN	Zip Code 55113-	Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Printer Toner			Transaction ID: H460818.E22849		
Activity or Event Identifier: ADMINISTRATION B 31			Category/Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.97		142.86		180.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.53		1540.61		1950.14

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
City of Saint Paul

Mailing Address
350 St Peter St #300

City	State	Zip Code
Saint Paul	MN	55102-

Purpose of Disbursement:
Alarm Fees

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
450123.10

Date / /
Transaction ID: H460818.E22850

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.75		59.25		75.00

B. Full Name (Last, First, Middle Initial)
Computype

Mailing Address
PO Box CM 9496

City	State	Zip Code
Saint Paul	MN	55170-

Purpose of Disbursement:
Scanners

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
468762.95

Date / /
Transaction ID: H460818.E22851

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
774.10		2912.08		3686.18

C. Full Name (Last, First, Middle Initial)
Deep Rock Water Comp

Mailing Address
PO Box 173898

City	State	Zip Code
Denver	CO	80217-

Purpose of Disbursement:
Drinking Water

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
463197.59

Date / /
Transaction ID: H460818.E22852

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.73		190.85		241.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.58		3162.18		4002.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Direct TV			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 60036			Allocated Activity or Event Year-To-Date 461686.70		
City Los Angeles	State CA	Zip Code 90060-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Cable TV			Transaction ID: H460818.E22853		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.64		224.35		283.99

B. Full Name (Last, First, Middle Initial) Eastside Food Cooperative			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2551 Central Ave NE			Allocated Activity or Event Year-To-Date 475342.09		
City Minneapolis	State MN	Zip Code 55418-	Date <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460818.E22854		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
349.38		1314.32		1663.70

C. Full Name (Last, First, Middle Initial) EMC Insurance Companies			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1252			Allocated Activity or Event Year-To-Date 469095.93		
City Minneapolis	State MN	Zip Code 55440-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Building Insurance			Transaction ID: H460818.E22855		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.93		263.05		332.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
478.95		1801.72		2280.67

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Federal Express			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1140			Allocated Activity or Event Year-To-Date 450190.66		
City Memphis	State TN	Zip Code 38101-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Shipping			Transaction ID: H460818.E22856		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.19		53.37		67.56

B. Full Name (Last, First, Middle Initial) Graphics Exhibit			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 185 W Pennsylvania			Allocated Activity or Event Year-To-Date 450233.86		
City Saint Paul	State MN	Zip Code 55103-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Storage Rent			Transaction ID: H460818.E22857		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.07		34.13		43.20

C. Full Name (Last, First, Middle Initial) Hickory Tech			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 64919			Allocated Activity or Event Year-To-Date 453215.86		
City Mankato	State MN	Zip Code 56001-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Phones			Transaction ID: H460818.E22858		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.14		369.18		467.32

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
121.40		456.68		578.08

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Inter-Tel Leasing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1140 West Loop North			Allocated Activity or Event Year-To-Date 470008.80		
City Houston	State TX	Zip Code 77055-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Phone Equipment Lease			Transaction ID: H460818.E22860		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
191.70		721.17		912.87

B. Full Name (Last, First, Middle Initial) Kami Miller			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3050 Old Hwy 8 #223			Allocated Activity or Event Year-To-Date 461402.71		
City Roseville	State MN	Zip Code 55113-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460818.E22861		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.93		221.67		280.60

C. Full Name (Last, First, Middle Initial) Rainbow Foods			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1801 Cty Rd 42W			Allocated Activity or Event Year-To-Date 47.33		
City Burnsville	State MN	Zip Code 55306-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Volunteer Food - Miller			Transaction ID: H460919.E23708		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM]Volunteer Food - Miller					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.94		37.39		47.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.63		942.84		1193.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Target			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1000 Nicollet Mall			Allocated Activity or Event Year-To-Date 39.17		
City Minneapolis	State MN	Zip Code 55403-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Volunteer Food - Miller			Transaction ID: H460919.E23709		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.23		30.94		39.17

B. Full Name (Last, First, Middle Initial) Pizza Hut Robert Street			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1730 Robert St S			Allocated Activity or Event Year-To-Date 139.86		
City West Saint Paul	State MN	Zip Code 55118-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Volunteer Food - Miller			Transaction ID: H460919.E23707		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.37		110.49		139.86

C. Full Name (Last, First, Middle Initial) St Paul Walmart			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1450 University Ave W			Allocated Activity or Event Year-To-Date 54.24		
City Saint Paul	State MN	Zip Code 55104-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Volunteer Food			Transaction ID: H460919.E23710		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.39		42.85		54.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Ken Foxworth			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 432 1st St N #B402			Allocated Activity or Event Year-To-Date 475892.55		
City Minneapolis	State MN	Zip Code 55402-	Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460818.E22862		
Activity or Event Identifier: ADMINISTRATION B 31			Category/Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.60		434.86		550.46

B. Full Name (Last, First, Middle Initial) Hilton Hotel			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 720 South Michigan Avenue			Allocated Activity or Event Year-To-Date 550.46		
City Chicago	State IL	Zip Code 60605-	Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Lodging - Foxworth			Transaction ID: H460919.E23711		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Lodging - Foxworth			Category/Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.60		434.86		550.46

C. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 4146			Allocated Activity or Event Year-To-Date 519448.38		
City Saint Paul	State MN	Zip Code 55104-	Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Use of Office Copier, Computers & Prin			Transaction ID: H460818.E22863		
Activity or Event Identifier: ADMINISTRATION B 31			Category/Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
393.75		1481.25		1875.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
509.35		1916.11		2425.46

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Leigh Hartman			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 315 West 23rd Street			Allocated Activity or Event Year-To-Date 473678.39																						
City	State	Zip Code	Date <table border="1" style="display: inline-table; border: none;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	5	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	5	/	2	0	0	6																
New York	NY	10011-																							
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Category/Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460818.E22864																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.70		55.29		69.99

B. Full Name (Last, First, Middle Initial) Best Buy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address Maplewood Mall			Allocated Activity or Event Year-To-Date 69.99																						
City	State	Zip Code	Date <table border="1" style="display: inline-table; border: none;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	5	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	5	/	2	0	0	6																
Saint Paul	MN	55110-																							
Purpose of Disbursement: Computer Software - Hartman			Category/Type																						
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Computer Software - Hartman			Transaction ID: H460919.E23712																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.70		55.29		69.99

C. Full Name (Last, First, Middle Initial) Metro Sales			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1620 E 78th St			Allocated Activity or Event Year-To-Date 450331.75																						
City	State	Zip Code	Date <table border="1" style="display: inline-table; border: none;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	1	/	2	0	0	6																
Minneapolis	MN	55423-																							
Purpose of Disbursement: Copier Supplies			Category/Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460818.E22865																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.56		77.33		97.89

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.26		132.62		167.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Olmsted County DFL			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 9044			Allocated Activity or Event Year-To-Date 449853.03																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460818.E22866			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	1	/	2	0	0	6																
Rochester	MN	55903-																							
Purpose of Disbursement: Field Office Rent			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

B. Full Name (Last, First, Middle Initial) Purchase Power Pitney Bowes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 85390			Allocated Activity or Event Year-To-Date 451483.63																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460818.E22867			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	1	/	2	0	0	6																
Louisville	KY	40285-																							
Purpose of Disbursement: Office Postage			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
241.89		909.99		1151.88

C. Full Name (Last, First, Middle Initial) QWest			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 1301			Allocated Activity or Event Year-To-Date 454481.50																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460818.E22868			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	1	/	2	0	0	6																
Minneapolis	MN	55483-0001																							
Purpose of Disbursement: Field Office Phones			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.91		304.38		385.29

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
427.80		1609.37		2037.17

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) QWest			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1301			Allocated Activity or Event Year-To-Date 455666.60		
City Minneapolis	State MN	Zip Code 55483-0001	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Phones			Transaction ID: H460818.E22869		
Activity or Event Identifier: ADMINISTRATION B 31			Category/ Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
248.87		936.23		1185.10

B. Full Name (Last, First, Middle Initial) QWest			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1301			Allocated Activity or Event Year-To-Date 454096.21		
City Minneapolis	State MN	Zip Code 55483-0001	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Phones			Transaction ID: H460818.E22870		
Activity or Event Identifier: ADMINISTRATION B 31			Category/ Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
184.87		695.48		880.35

C. Full Name (Last, First, Middle Initial) Rose Ann Zimbardo			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6400 74th Ave N			Allocated Activity or Event Year-To-Date 450048.10		
City Brooklyn Park	State MN	Zip Code 55428-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Mileage			Transaction ID: H460818.E22871		
Activity or Event Identifier: ADMINISTRATION B 31			Category/ Type		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.96		154.11		195.07

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
474.70		1785.82		2260.52

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Synchronicity			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 8525 Stanley Ave S			Allocated Activity or Event Year-To-Date 465076.77		
City Bloomington	State MN	Zip Code 55437-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Computer Equipment			Transaction ID: H460818.E22872		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
289.63		1089.55		1379.18

B. Full Name (Last, First, Middle Initial) Synchronicity			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 8525 Stanley Ave S			Allocated Activity or Event Year-To-Date 463697.59		
City Bloomington	State MN	Zip Code 55437-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Computer Networking			Transaction ID: H460818.E22873		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

C. Full Name (Last, First, Middle Initial) Technology Insurance Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 2225			Allocated Activity or Event Year-To-Date 470689.80		
City Beachwood	State OH	Zip Code 44122-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Workers Comp Insurance			Transaction ID: H460818.E22874		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
143.01		537.99		681.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
537.64		2022.54		2560.18

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) The Feldman Group Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1015 18th St NW			Allocated Activity or Event Year-To-Date 505998.38	
City Washington	State DC	Zip Code 20036-	Date MM / DD / YYYY 08 / 16 / 2006	
Purpose of Disbursement: Benchmark Surveys			Category/Type	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460818.E22875	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2315.25		8709.75		11025.00

B. Full Name (Last, First, Middle Initial) The Feldman Group Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1015 18th St NW			Allocated Activity or Event Year-To-Date 517023.38	
City Washington	State DC	Zip Code 20036-	Date MM / DD / YYYY 08 / 16 / 2006	
Purpose of Disbursement: Benchmark Surveys			Category/Type	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460818.E22876	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2315.25		8709.75		11025.00

C. Full Name (Last, First, Middle Initial) The Feldman Group Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1015 18th St NW			Allocated Activity or Event Year-To-Date 494973.38	
City Washington	State DC	Zip Code 20036-	Date MM / DD / YYYY 08 / 16 / 2006	
Purpose of Disbursement: Benchmark Surveys			Category/Type	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460818.E22877	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1984.50		7465.50		9450.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6615.00		24885.00		31500.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) The Feldman Group Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1015 18th St NW			Allocated Activity or Event Year-To-Date 485523.38																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460818.E22878			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	6	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	6	/	2	0	0	6																
Washington	DC	20036-																							
Purpose of Disbursement: Benchmark Surveys			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1984.50		7465.50		9450.00

B. Full Name (Last, First, Middle Initial) Transcend Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2101 Kennedy St NE			Allocated Activity or Event Year-To-Date 517573.38																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460818.E22879			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	6	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	6	/	2	0	0	6																
Minneapolis	MN	55413-																							
Purpose of Disbursement: Phone Equipment Lease			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.50		434.50		550.00

C. Full Name (Last, First, Middle Initial) United Parcel Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 505820			Allocated Activity or Event Year-To-Date 451630.89																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460818.E22880			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	1	1	/	2	0	0	6																
The Lakes	NV	88905-																							
Purpose of Disbursement: Shipping			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.92		116.34		147.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2130.92		8016.34		10147.26

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 461122.11		
City Saint Paul	State MN	Zip Code 55101-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Mortgage			Transaction ID: H460818.E22881		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1145.66		4309.85		5455.51

B. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 790293			Allocated Activity or Event Year-To-Date 451676.52		
City Saint Louis	State MO	Zip Code 63179-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Cell Phone			Transaction ID: H460818.E22882		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.58		36.05		45.63

C. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 790293			Allocated Activity or Event Year-To-Date 452748.54		
City Saint Louis	State MO	Zip Code 63179-	Date <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Cell Phone			Transaction ID: H460818.E22883		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.12		846.90		1072.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1380.36		5192.80		6573.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
XO Communications

Mailing Address
PO Box 828618

City Philadelphia	State PA	Zip Code 19182-	Category/ Type
Purpose of Disbursement: Main Office Phones			

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
473608.40

Date / /
Transaction ID: H460818.E22885

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
612.91		2305.69		2918.60

B. Full Name (Last, First, Middle Initial)
SubWay Sandwiches

Mailing Address
1232 S Robert St

City Saint Paul	State MN	Zip Code 55118-	Category/ Type
Purpose of Disbursement: Volunteer Food			

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
519518.94

Date / /
Transaction ID: H460824.E23010

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.82		55.74		70.56

C. Full Name (Last, First, Middle Initial)
Andrew OLeary

Mailing Address
255 E Plato Blvd

City Saint Paul	State MN	Zip Code 55107-	Category/ Type
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
519992.19

Date / /
Transaction ID: H460905.E23114

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.38		373.87		473.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
727.11		2735.30		3462.41

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Andrew OLeary

Mailing Address
255 E Plato Blvd

City	State	Zip Code
Saint Paul	MN	55107-

Purpose of Disbursement:
Taxis

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

82.00

Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] Taxis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	6

Transaction ID: H460919.E23714

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.22		64.78		82.00

B. Full Name (Last, First, Middle Initial)
Hilton Hotel

Mailing Address
720 South Michigan Avenue

City	State	Zip Code
Chicago	IL	60605-

Purpose of Disbursement:
Lodging/Meals - OLeary

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

391.25

Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] Lodging/Meals - OLeary

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	6

Transaction ID: H460919.E23713

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.16		309.09		391.25

C. Full Name (Last, First, Middle Initial)
Aspen Waste Systems

Mailing Address
2951 Weeks Ave SE

City	State	Zip Code
Minneapolis	MN	55414-

Purpose of Disbursement:
Trash & Recycling

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

541092.92

Activity or Event Identifier:
ADMINISTRATION B 31

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	6

Transaction ID: H460905.E23115

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.34		358.64		453.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.34		358.64		453.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Board of Water			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 8 4th St E #200			Allocated Activity or Event Year-To-Date 537450.75		
City Saint Paul	State MN	Zip Code 55101-	Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Water & Sewer			Transaction ID: H460905.E23116		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
141.42		532.03		673.45

B. Full Name (Last, First, Middle Initial) Brian Melendez			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1777 Dupont Ave S			Allocated Activity or Event Year-To-Date 521659.60		
City Minneapolis	State MN	Zip Code 55403-	Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460905.E23117		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
165.42		622.29		787.71

C. Full Name (Last, First, Middle Initial) Awadas Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 199 E Plato Blvd			Allocated Activity or Event Year-To-Date 24.65		
City Saint Paul	State MN	Zip Code 55107-	Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Meeting Meals - Melendez			Transaction ID: H460919.E23721		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals - Melendez					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.18		19.47		24.65

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
306.84		1154.32		1461.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Atlas Grill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 200 S 6th Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">68.98</div>	
City Minneapolis	State MN	Zip Code 55402-	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2006</div>	
Purpose of Disbursement: Meeting Meals - Melendez			Category/Type <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals - Melendez			Transaction ID: H460919.E23715	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.49		54.49		68.98

B. Full Name (Last, First, Middle Initial) Sky Water			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1001 Marquette Avenue			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">184.28</div>	
City Minneapolis	State MN	Zip Code 55403-	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2006</div>	
Purpose of Disbursement: Meeting Meals - Melendez			Category/Type <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals - Melendez			Transaction ID: H460919.E23716	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.70		145.58		184.28

C. Full Name (Last, First, Middle Initial) Boca Chica			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 11 Concord Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">15.60</div>	
City Saint Paul	State MN	Zip Code 55107-	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2006</div>	
Purpose of Disbursement: Meeting Meals - Melendez			Category/Type <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals - Melendez			Transaction ID: H460919.E23717	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.28		12.32		15.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Murrays			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 26 South Sixth Street			Allocated Activity or Event Year-To-Date [52.01]	
City Minneapolis	State MN	Zip Code 55404-	Date M M / D D / Y Y Y Y [08 / 23 / 2006] Transaction ID: H460919.E23718	
Purpose of Disbursement: Meeting Meals - Melendez				
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals - Melendez			Category/ Type	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[10.92]		[41.09]		[52.01]

B. Full Name (Last, First, Middle Initial) New Uptown			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2548 Hennepin Avenue			Allocated Activity or Event Year-To-Date [57.40]	
City Minneapolis	State MN	Zip Code 55405-	Date M M / D D / Y Y Y Y [08 / 23 / 2006] Transaction ID: H460919.E23719	
Purpose of Disbursement: Meeting Meals				
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals			Category/ Type	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[12.05]		[45.35]		[57.40]

C. Full Name (Last, First, Middle Initial) Keys Robert Street			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 504 N Robert Street			Allocated Activity or Event Year-To-Date [17.39]	
City Saint Paul	State MN	Zip Code 55101-	Date M M / D D / Y Y Y Y [08 / 23 / 2006] Transaction ID: H460919.E23720	
Purpose of Disbursement: Meeting Meals - Melendez				
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Meals - Melendez			Category/ Type	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[3.65]		[13.74]		[17.39]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[0.00]		[0.00]		[0.00]

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[]	[]	[]

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Red Lobster St Cloud			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2920 W Division Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">367.40</div>	
City Saint Cloud	State MN	Zip Code 56301-	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Staff Meeting Meals - Melendez			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2006</div>	
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Staff Meeting Meals - Melendez			Transaction ID: H460919.E23722	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.15		290.25		367.40

B. Full Name (Last, First, Middle Initial) Center Point Energy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1297			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">537467.06</div>	
City Minneapolis	State MN	Zip Code 55472-	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Field Office Utilities			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2006</div>	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23118	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.43		12.88		16.31

C. Full Name (Last, First, Middle Initial) David Weinlick			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 5941 Sheridan Ave S			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">536014.00</div>	
City Minneapolis	State MN	Zip Code 55410-	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Mileage			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2006</div>	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23119	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.11		68.15		86.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.54		81.03		102.57

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Embarq			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 219505			Allocated Activity or Event Year-To-Date 542521.14																						
City Kansas City	State MO	Zip Code 64121-	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	2	3	/	2	0	0	6																
Purpose of Disbursement: Field Office Phones			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23120																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.97		293.33		371.30

B. Full Name (Last, First, Middle Initial) Honsa-Binder Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 320 Spruce St			Allocated Activity or Event Year-To-Date 522831.25																						
City Saint Paul	State MN	Zip Code 55101-	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	2	3	/	2	0	0	6																
Purpose of Disbursement: Business Cards			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23122																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.05		207.10		262.15

C. Full Name (Last, First, Middle Initial) Honsa-Binder Printing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 320 Spruce St			Allocated Activity or Event Year-To-Date 522569.10																						
City Saint Paul	State MN	Zip Code 55101-	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	2	3	/	2	0	0	6																
Purpose of Disbursement: Letterhead & Envelopes			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23123																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
191.00		718.50		909.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
324.02		1218.93		1542.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Innovative Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 151 East Cliff Rd			Allocated Activity or Event Year-To-Date 538270.87	
City Burnsville	State MN	Zip Code 55337-	Category/ Type	
Purpose of Disbursement: Office Supplies				
Activity or Event Identifier: ADMINISTRATION B 31			Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> Transaction ID: H460905.E23124	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.80		635.01		803.81

B. Full Name (Last, First, Middle Initial) Inter-Tel Technologies			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 29653			Allocated Activity or Event Year-To-Date 540439.79	
City Phoenix	State AZ	Zip Code 85038-9653	Category/ Type	
Purpose of Disbursement: Phone Equipment				
Activity or Event Identifier: ADMINISTRATION B 31			Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> Transaction ID: H460905.E23125	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
455.47		1713.45		2168.92

C. Full Name (Last, First, Middle Initial) J.N. Johnson Sales			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4200 W 76th St			Allocated Activity or Event Year-To-Date 540638.94	
City Edina	State MN	Zip Code 55435-	Category/ Type	
Purpose of Disbursement: Fire Extinguisher Maintenance				
Activity or Event Identifier: ADMINISTRATION B 31			Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> Transaction ID: H460905.E23126	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.82		157.33		199.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
666.09		2505.79		3171.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Joes Lawnscape

Mailing Address
256 6th Ave S

City South Saint Paul	State MN	Zip Code 55075-
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Purpose of Disbursement:
Lawn Care

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
536777.30

Date / /
Transaction ID: H460905.E23127

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.61		209.20		264.81

B. Full Name (Last, First, Middle Initial)
. Labovitz Enterprises

Mailing Address
227 First St W

City Duluth	State MN	Zip Code 55802-
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Purpose of Disbursement:
Field Office Rent

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
542149.84

Date / /
Transaction ID: H460905.E23128

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

C. Full Name (Last, First, Middle Initial)
Metro Systems

Mailing Address
PO Box 31001-0271

City Pasadena	State CA	Zip Code 91110-
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Purpose of Disbursement:
Copier Machine Lease

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
536512.49

Date / /
Transaction ID: H460905.E23129

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.68		393.81		498.49

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
286.29		1077.01		1363.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 526575.56																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460905.E23130			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	2	3	/	2	0	0	6																
Cincinnati	OH	45263-																							
Purpose of Disbursement: Office Supplies			Category/Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.49		291.53		369.02

B. Full Name (Last, First, Middle Initial) Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 528482.34																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460905.E23131			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	2	3	/	2	0	0	6																
Cincinnati	OH	45263-																							
Purpose of Disbursement: Office Supplies			Category/Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
400.42		1506.36		1906.78

C. Full Name (Last, First, Middle Initial) QWest			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 1301			Allocated Activity or Event Year-To-Date 532404.16																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460905.E23132			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	2	3	/	2	0	0	6																
Minneapolis	MN	55483-0001																							
Purpose of Disbursement: Field Office Phones			Category/Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
274.98		1034.46		1309.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
752.89		2832.35		3585.24

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Richard Stafford			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3154 Bloomington Ave #202			Allocated Activity or Event Year-To-Date 520324.29		
City Minneapolis	State MN	Zip Code 55407-1723	Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Airfare & Lodging			Transaction ID: H460905.E23133		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.74		262.36		332.10

B. Full Name (Last, First, Middle Initial) Senate District 23 DFL			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1519 Pleasant View Dr			Allocated Activity or Event Year-To-Date 520871.89		
City North Mankato	State MN	Zip Code 56003-	Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460905.E23134		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

C. Full Name (Last, First, Middle Initial) Senate District 23 DFL			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1519 Pleasant View Dr			Allocated Activity or Event Year-To-Date 520371.89		
City North Mankato	State MN	Zip Code 56003-	Date <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Long Distance Phone			Transaction ID: H460905.E23135		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.00		37.60		47.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
184.74		694.96		879.70

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
Solution Builders

Mailing Address
7800 Metro Parkway #300

City	State	Zip Code
Bloomington	MN	55425-

Purpose of Disbursement:
Computer Equipment Lease

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
525826.51

Date / /
Transaction ID: H460905.E23136

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
314.50		1183.13		1497.63

B. Full Name (Last, First, Middle Initial)
Solution Builders

Mailing Address
7800 Metro Parkway #300

City	State	Zip Code
Bloomington	MN	55425-

Purpose of Disbursement:
Computer Equipment Lease

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
524328.88

Date / /
Transaction ID: H460905.E23137

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
314.50		1183.13		1497.63

C. Full Name (Last, First, Middle Initial)
St Paul Plumbing & Heating

Mailing Address
640 Grand Ave

City	State	Zip Code
Saint Paul	MN	55105-

Purpose of Disbursement:
Air Conditioning Repairs

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
535927.74

Date / /
Transaction ID: H460905.E23138

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
308.77		1161.54		1470.31

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
937.77		3527.80		4465.57

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Techstein			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 20905 Valley View Lane			Allocated Activity or Event Year-To-Date 541549.84																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460905.E23139			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	2	3	/	2	0	0	6																
Saint Paul	MN	55107-																							
Purpose of Disbursement: Field Office Phone Equipment			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.95		360.97		456.92

B. Full Name (Last, First, Middle Initial) United Parcel Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 505820			Allocated Activity or Event Year-To-Date 526081.85																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460905.E23140			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	2	3	/	2	0	0	6																
The Lakes	NV	88905-																							
Purpose of Disbursement: Shipping			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.62		201.72		255.34

C. Full Name (Last, First, Middle Initial) United Parcel Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 505820			Allocated Activity or Event Year-To-Date 526206.54																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460905.E23141			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	2	3	/	2	0	0	6																
The Lakes	NV	88905-																							
Purpose of Disbursement: Shipping			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.18		98.51		124.69

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
175.75		661.20		836.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 790293			Allocated Activity or Event Year-To-Date 531094.72																						
City	State	Zip Code	Category/ Type																						
Saint Louis	MO	63179-																							
Purpose of Disbursement: Cell Phone			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	2	3	/	2	0	0	6																
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23142																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
548.60		2063.78		2612.38

B. Full Name (Last, First, Middle Initial) Xcel Energy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 9477			Allocated Activity or Event Year-To-Date 534457.43																						
City	State	Zip Code	Category/ Type																						
Minneapolis	MN	55484-																							
Purpose of Disbursement: Utilities			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	2	3	/	2	0	0	6																
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23143																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.72		375.13		474.85

C. Full Name (Last, First, Middle Initial) Xcel Energy			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 9477			Allocated Activity or Event Year-To-Date 533982.58																						
City	State	Zip Code	Category/ Type																						
Minneapolis	MN	55484-																							
Purpose of Disbursement: Utilities			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	2	3	/	2	0	0	6																
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H460905.E23144																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.47		1246.95		1578.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
979.79		3685.86		4665.65

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Bystrom Brothers Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2200 Snelling Ave S			Allocated Activity or Event Year-To-Date 545149.84		
City Minneapolis	State MN	Zip Code 55404-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460915.E23344		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

B. Full Name (Last, First, Middle Initial) Darryl & Robin Giguere			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1101 Paris Ave N			Allocated Activity or Event Year-To-Date 550841.84		
City Stillwater	State MN	Zip Code 55082-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460915.E23345		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

C. Full Name (Last, First, Middle Initial) Fairbo Town Square			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3033 Excelsior Blvd Suite 10			Allocated Activity or Event Year-To-Date 556716.84		
City Minneapolis	State MN	Zip Code 55416-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460915.E23346		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
504.00		1896.00		2400.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1134.00		4266.00		5400.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) . Labovitz Enterprises			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 227 First St W			Allocated Activity or Event Year-To-Date 557316.84		
City Duluth	State MN	Zip Code 55802-	Date MM / DD / YYYY 08 / 30 / 2006		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460915.E23347		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

B. Full Name (Last, First, Middle Initial) Marta Sjoström			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 334 Elm St NE			Allocated Activity or Event Year-To-Date 558241.84		
City Bemidji	State MN	Zip Code 56601-	Date MM / DD / YYYY 08 / 30 / 2006		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460915.E23348		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
194.25		730.75		925.00

C. Full Name (Last, First, Middle Initial) Offices on Main, LLP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 15113 Northern Blvd			Allocated Activity or Event Year-To-Date 546249.84		
City Ramsey	State MN	Zip Code 55303-	Date MM / DD / YYYY 08 / 30 / 2006		
Purpose of Disbursement: Field Office Rent			Transaction ID: H460915.E23349		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
231.00		869.00		1100.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
551.25		2073.75		2625.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Quantum Development			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 202 Peninsula Rd			Allocated Activity or Event Year-To-Date 549341.84																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460915.E23350			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	3	0	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	3	0	/	2	0	0	6																
Medicine Lake	MN	55441-																							
Purpose of Disbursement: Field Office Rent - rooklyn Park			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
350.07		1316.93		1667.00

B. Full Name (Last, First, Middle Initial) Southdale Galleria Offices			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 6950 France Ave Suite 100			Allocated Activity or Event Year-To-Date 547674.84																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460915.E23351			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	3	0	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	3	0	/	2	0	0	6																
Edina	MN	55435-																							
Purpose of Disbursement: Field Office Rent			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
299.25		1125.75		1425.00

C. Full Name (Last, First, Middle Initial) Sandler Reiff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 50 E St SE #300			Allocated Activity or Event Year-To-Date 543574.84																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H460915.E23352			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	3	0	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	8	/	3	0	/	2	0	0	6																
Washington	DC	20003-																							
Purpose of Disbursement: Legal Fees			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
733.32		2758.68		3492.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) QWest			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1301			Allocated Activity or Event Year-To-Date 543014.84		
City Minneapolis	State MN	Zip Code 55483-0001	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Phones			Transaction ID: H460915.E23353		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.18		113.52		143.70

B. Full Name (Last, First, Middle Initial) QWest			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1301			Allocated Activity or Event Year-To-Date 542871.14		
City Minneapolis	State MN	Zip Code 55483-0001	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Field Office Phones			Transaction ID: H460915.E23354		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.50		276.50		350.00

C. Full Name (Last, First, Middle Initial) Jonathon Kent			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 14513 Moonlight Hill Road			Allocated Activity or Event Year-To-Date 558832.21		
City Minnetonka	State MN	Zip Code 55345-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460915.E23355		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.98		466.39		590.37

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.66		856.41		1084.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Jonathon Kent			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 14513 Moonlight Hill Road			Allocated Activity or Event Year-To-Date 245.37		
City Minnetonka	State MN	Zip Code 55345-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Mileage			Transaction ID: H460919.E23723		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Mileage					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.53		193.84		245.37

B. Full Name (Last, First, Middle Initial) America College Democrats of			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 430 S Capitol Street SE			Allocated Activity or Event Year-To-Date 345.00		
City Washington	State DC	Zip Code 20003-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Registration/Lodging - Kent			Transaction ID: H460919.E23724		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Registration/Lodging - Kent					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.45		272.55		345.00

C. Full Name (Last, First, Middle Initial) Jessica McIntosh			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 255 E Plato			Allocated Activity or Event Year-To-Date 543649.84		
City Saint Paul	State MN	Zip Code 55107-	Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460915.E23356		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.75		59.25		75.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.75		59.25		75.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) Fuji Ya			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 465 Wabasha			Allocated Activity or Event Year-To-Date 75.00		
City Saint Paul	State MN	Zip Code 55102-	Date MM / DD / YYYY 08 / 30 / 2006		
Purpose of Disbursement: Meeting Lunch			Transaction ID: H460919.E23725		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Meeting Lunch					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.75		59.25		75.00

B. Full Name (Last, First, Middle Initial) Evan Cordes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4425 Arden View Ct			Allocated Activity or Event Year-To-Date 543174.84		
City Arden Hills	State MN	Zip Code 55112-	Date MM / DD / YYYY 08 / 30 / 2006		
Purpose of Disbursement: REIMBURSEMENT:SEE BELOW			Transaction ID: H460915.E23357		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		126.40		160.00

C. Full Name (Last, First, Middle Initial) America College Democrats of			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 430 S Capitol Street SE			Allocated Activity or Event Year-To-Date 160.00		
City Washington	State DC	Zip Code 20003-	Date MM / DD / YYYY 08 / 30 / 2006		
Purpose of Disbursement: Registration/Lodging - Cordes			Transaction ID: H460919.E23726		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] Registration/Lodging - Cordes					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		126.40		160.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		126.40		160.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial)
The Wright Building

Mailing Address
2233 University Ave W #335

City	State	Zip Code
Saint Paul	MN	55114-

Purpose of Disbursement:
Field Office Rent

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

554316.84

Activity or Event Identifier:
ADMINISTRATION B 31

Date 08 / 30 / 2006

Transaction ID: H460915.E23358

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
729.75		2745.25		3475.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
729.75		2745.25		3475.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
24512.64	92214.20	116726.84

**SCHEDULE H5 (FEC Form 3X)
TRANSFERS OF LEVIN FUNDS FOR
SHARED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

NAME OF ACCOUNT

State Checking 5th & Kellogg

DATE OF RECEIPT

MM / DD / YYYY
08 / 24 / 2006

TOTAL AMOUNT TRANSFERRED

62410.00

Transaction ID: 60920.C356536H51

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....

62410.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV.....

.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID).....

62410.00

TOTAL This Period (GOTV).....

0.00

TOTAL This Period (Generic Campaign Activity).....

0.00

TOTAL This Period (Total Amount of Transfers Received).....

62410.00

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Minnesota Democratic Farmer Labor Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Meyer Associates Inc			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input checked="" type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address 14 7th Ave N			Allocated Activity or Event Year-To-Date 79000.00	
City Saint Cloud	State MN	Zip Code 56303	Date <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>	
Purpose of Disbursement FEA SHARED VOTER ID PHONING			Category/ Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
16590.00		62410.00		79000.00

Transaction ID: 60905.E23113H61

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
16590.00		62410.00		79000.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE	TOTAL AMOUNT
16590.00	79000.00

TOTAL This Period for the Levin Share

LEVIN SHARE
62410.00