

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) INDEPENDENCE PARTY OF MINNESOTA

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) PO Box 40495 St Paul MN 55104

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00305268

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2007 through 12 31 2007

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 Craig Thomas Swaggert

Signature of Treasurer Electronically Filed by Craig Thomas Swaggert Date 02 11 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
INDEPENDENCE PARTY OF MINNESOTA

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		16655.37
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	1807.66									
(c) Total Receipts (from Line 19)	13221.00	18271.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15028.66	34926.37								
7. Total Disbursements (from Line 31)	15004.02	34801.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24.64	124.64								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
INDEPENDENCE PARTY OF MINNESOTA

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	3500.00	4365.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	9721.00	13826.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13221.00	18271.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13221.00	18271.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13221.00	18271.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13221.00	18271.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	15004.02	34801.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15004.02	34801.73
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	.00	.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15004.02	34801.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15004.02	34801.73

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)	13221.00	18271.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13221.00	18271.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15004.02	34801.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15004.02	34801.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<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	

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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Robin Jan Carpenter		Date of Receipt	
	Mailing Address 5417 Woodcrest Dr		M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11Ai-CN6497
	Edina	MN	55424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Evantage Consulting		Occupation Managing Partner		pay pal
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Karla Jean Ekdahl		Date of Receipt	
	Mailing Address 1621 Mount Curve Ave		M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11Ai-CN6558
	Minneapolis	MN	55403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer The Good Inc.		Occupation Executive Vice President		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Peter C Hutchinson		Date of Receipt	
	Mailing Address 1621 Mount Curve Ave		M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11Ai-CN6557
	Minneapolis	MN	55403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer public strategies incorpo- rated		Occupation public strategies incorporated		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 20
(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)
INDEPENDENCE PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
Thomas James Klas

Mailing Address 496 Montrose Ln

City State Zip Code
St Paul MN 55116

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

Name of Employer Tapemark Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11Ai-CN6609

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Susan M Moss

Mailing Address 175 Woodlawn Ave

City State Zip Code
St Paul MN 55105

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

Name of Employer Eposcopal Diocese Of Minn-esota Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11Ai-CN6657

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Thomas Verne Moss

Mailing Address 175 Woodlawn Ave

City State Zip Code
St Paul MN 55105

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

Name of Employer PSG Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11Ai-CN6658

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20
	(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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Richard Herbert Schauer		Date of Receipt
	Mailing Address 16267 Havelock Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 0 / 2 0 0 7
	City	State	Zip Code
	Lakeville	MN	55044
	FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN6521
Name of Employer self		Occupation communications	Amount of Each Receipt this Period
Receipt For: 2006		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			pay pal
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) George William Soule		Date of Receipt
	Mailing Address 4241 Lake Harriet Pkwy E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 2 3 / 2 0 0 7
	City	State	Zip Code
	Minneapolis	MN	55419
	FEC ID number of contributing federal political committee.		Transaction ID: SA11Ai-CN6564
Name of Employer Bowman and Brooke LLP		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/> 3500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
INDEPENDENCE PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
G & L Insurance Group

Mailing Address 3224 6th Avenue Northeast

City Rochester State MN Zip Code 55906

Purpose of Disbursement
policy renewal

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX221
Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

533.00

policy renewal

B.

Full Name (Last, First, Middle Initial)
Robert Rossi

Mailing Address 2648 36th Ave S
Apt 1

City State Zip Code 55406

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX239
Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

144.44

Administrative/Salary/Ove-
rhead Expenses

C.

Full Name (Last, First, Middle Initial)
Tandem Printing

Mailing Address 2970 Lexington Avenue S

City State Zip Code 55121

Purpose of Disbursement
stationery

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b-EX220
Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

171.20

stationery

SUBTOTAL of Disbursements This Page (optional) ▶

848.64

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)

PAGE 10 / 20

<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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Tandem Printing Mailing Address 2970 Lexington Avenue S City State Zip Code Purpose of Disbursement inv 40586 letterhead Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX223 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 747.93 inv 40586 letterhead
B.	Full Name (Last, First, Middle Initial) Tandem Printing Mailing Address 2970 Lexington Avenue S City State Zip Code Purpose of Disbursement printing (lit) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX230 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 588.50 printing (lit)
C.	Full Name (Last, First, Middle Initial) popp.com Mailing Address PO BOX 27110 City State Zip Code Minneapolis MN 55427 Purpose of Disbursement invoice 1598021 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b-EX222 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 114.33 invoice 1598021

SUBTOTAL of Disbursements This Page (optional) ▶

1450.76

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 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)
INDEPENDENCE PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
popp.com

Mailing Address PO BOX 27110

City Minneapolis State MN Zip Code 55427

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX241
Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

227.17

Administrative/Salary/Overhead Expenses

B.

Full Name (Last, First, Middle Initial)
popp.com

Mailing Address PO BOX 27110

City Minneapolis State MN Zip Code 55427

Purpose of Disbursement
phone

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX254
Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

339.14

phone

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address University Station

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
stamps

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21b-EX247
Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

123.40

stamps

SUBTOTAL of Disbursements This Page (optional) ▶

689.71

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)

PAGE 12 / 20

<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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Edge Marketing And Promo Product	Transaction ID: SB21b-EX226 Date of Disbursement
	Mailing Address 15197 Boulder Avenue	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Rosemount State MN Zip Code 55068	Amount of Each Disbursement this Period
	Purpose of Disbursement balloons for fair	<input type="text" value="143.04"/>
	Candidate Name	Category/Type <input type="text" value="004"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		balloons for fair

B.	Full Name (Last, First, Middle Initial) Edge Marketing And Promo Product	Transaction ID: SB21b-EX250 Date of Disbursement
	Mailing Address 15197 Boulder Avenue	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Rosemount State MN Zip Code 55068	Amount of Each Disbursement this Period
	Purpose of Disbursement balloon	<input type="text" value="300.00"/>
	Candidate Name	Category/Type <input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		balloon

C.	Full Name (Last, First, Middle Initial) Progressive Management Investments	Transaction ID: SB21b-EX219 Date of Disbursement
	Mailing Address 1821 University Ave Suite S-144	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
	Purpose of Disbursement rent	<input type="text" value="820.00"/>
	Candidate Name	Category/Type <input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		rent

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1263.04"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
INDEPENDENCE PARTY OF MINNESOTA

A. Full Name (Last, First, Middle Initial) Progressive Management Investments Mailing Address 1821 University Ave Suite S-144 City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Sept. rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21b-EX225 Date of Disbursement 09 / 04 / 2007
	Amount of Each Disbursement this Period 820.00 Sept. rent

B. Full Name (Last, First, Middle Initial) Progressive Management Investments Mailing Address 1821 University Ave Suite S-144 City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21b-EX242 Date of Disbursement 09 / 26 / 2007
	Amount of Each Disbursement this Period 820.00 Administrative/Salary/Ove- rhead Expenses

C. Full Name (Last, First, Middle Initial) Progressive Management Investments Mailing Address 1821 University Ave Suite S-144 City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21b-EX251 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 820.00 Administrative/Salary/Ove- rhead Expenses

SUBTOTAL of Disbursements This Page (optional)

2460.00

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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Progressive Management Investments	Transaction ID: SB21b-EX228 Date of Disbursement																			
	Mailing Address 1821 University Ave Suite S-144	<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>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	0	7												
	City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement rent	<table border="1"><tr><td>870.00</td></tr></table>	870.00																		
870.00																					
	Candidate Name	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		rent																			

B.	Full Name (Last, First, Middle Initial) Progressive Management Investments	Transaction ID: SB21b-EX233 Date of Disbursement																			
	Mailing Address 1821 University Ave Suite S-144	<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
	City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Jan rent	<table border="1"><tr><td>820.00</td></tr></table>	820.00																		
820.00																					
	Candidate Name	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Jan rent																			

C.	Full Name (Last, First, Middle Initial) Vital Systems	Transaction ID: SB21b-EX236 Date of Disbursement																			
	Mailing Address 113 S Main Street	<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>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
	City Stillwater State MN Zip Code 55082	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>10.58</td></tr></table>	10.58																		
10.58																					
	Candidate Name	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Administrative/Salary/Ove- head Expenses																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1700.58</td></tr></table>	1700.58
1700.58		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
INDEPENDENCE PARTY OF MINNESOTA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Vital Systems</p> <p>Mailing Address 113 S Main Street</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement payroll prep</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b-EX244</p> <p>Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 10.97</p> <p>001 Category/ Type</p> <p>payroll prep</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Vital Systems</p> <p>Mailing Address 113 S Main Street</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement Inv. 20346 payroll prep</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b-EX232</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 25.97</p> <p>001 Category/ Type</p> <p>Inv. 20346 payroll prep</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Holly Carpenter</p> <p>Mailing Address 8818 Montegue Terr</p> <p>City Minneapolis State MN Zip Code 55443</p> <p>Purpose of Disbursement July payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b-EX240</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>001 Category/ Type</p> <p>July payment</p>

SUBTOTAL of Disbursements This Page (optional) ▶

636.94

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)
INDEPENDENCE PARTY OF MINNESOTA

<p>A. Full Name (Last, First, Middle Initial) Holly Carpenter</p> <p>Mailing Address 8818 Montegue Terr</p> <p>City Minneapolis State MN Zip Code 55443</p> <p>Purpose of Disbursement contractor payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b-EX224</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1800.00</p> <p>001 Category/ Type</p> <p>contractor payment</p>
<p>B. Full Name (Last, First, Middle Initial) Holly Carpenter</p> <p>Mailing Address 8818 Montegue Terr</p> <p>City Minneapolis State MN Zip Code 55443</p> <p>Purpose of Disbursement contract office services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b-EX255</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>001 Category/ Type</p> <p>contract office services</p>
<p>C. Full Name (Last, First, Middle Initial) Brian Falldin</p> <p>Mailing Address 195 E. 5th St Suite 1505</p> <p>City Saint Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement strategic planning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b-EX229</p> <p>Date of Disbursement 12 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1282.50</p> <p>001 Category/ Type</p> <p>strategic planning</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3882.50

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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: SB21b-EX234 Date of Disbursement 07 / 19 / 2007
	Mailing Address 10 River Park Plaza	Amount of Each Disbursement this Period 316.08
	City Saint Paul State MN Zip Code 55107	
	Purpose of Disbursement cable and internet Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		cable and internet

B.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: SB21b-EX243 Date of Disbursement 09 / 26 / 2007
	Mailing Address 10 River Park Plaza	Amount of Each Disbursement this Period 136.58
	City Saint Paul State MN Zip Code 55107	
	Purpose of Disbursement cable and broadband Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		cable and broadband

C.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: SB21b-EX253 Date of Disbursement 12 / 17 / 2007
	Mailing Address 10 River Park Plaza	Amount of Each Disbursement this Period 139.61
	City Saint Paul State MN Zip Code 55107	
	Purpose of Disbursement cable and broadband Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		cable and broadband

SUBTOTAL of Disbursements This Page (optional)	592.27
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)

<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)
INDEPENDENCE PARTY OF MINNESOTA

A.	Full Name (Last, First, Middle Initial) Door Sign LLC	Transaction ID: SB21b-EX235 Date of Disbursement 08 / 06 / 2007
	Mailing Address 7131 20th Av N	
	City Hugo State MN Zip Code 55038	Amount of Each Disbursement this Period 417.48
	Purpose of Disbursement large sign Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		large sign

B.	Full Name (Last, First, Middle Initial) Door Sign LLC	Transaction ID: SB21b-EX246 Date of Disbursement 09 / 26 / 2007
	Mailing Address 7131 20th Av N	
	City Hugo State MN Zip Code 55038	Amount of Each Disbursement this Period 244.95
	Purpose of Disbursement banner Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		banner

C.	Full Name (Last, First, Middle Initial) Apporte	Transaction ID: SB21b-EX237 Date of Disbursement 08 / 06 / 2007
	Mailing Address 600 5th Ave South	
	City Hopkins State MN Zip Code 55343	Amount of Each Disbursement this Period 360.00
	Purpose of Disbursement strategic planning Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		strategic planning

SUBTOTAL of Disbursements This Page (optional)	1022.43
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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)
INDEPENDENCE PARTY OF MINNESOTA

A.

Full Name (Last, First, Middle Initial)
James Walter Nelson

Transaction ID: SB21b-CN6580

Date of Disbursement

Mailing Address 1747 37th Ave NE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

City State Zip Code
Columbia Heights MN 55421

Amount of Each Disbursement this Period

80.00

Purpose of Disbursement
IN-KIND RECEIVED

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

In-Kind Received helium gas

State: District:

SUBTOTAL of Disbursements This Page (optional)

80.00

TOTAL This Period (last page this line number only)

15004.02
