

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
OCT 20 AM 9:30

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

ADDRESS (number and street) P.O. BOX 130353

Check if different than previously reported. (ACC) SAINT PAUL MN 55113-0003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00339473

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2008 through 09 / 30 / 2008

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

Type or Print Name of Treasurer NICHOLAS TRUSO

Signature of Treasurer *Nicholas Truso* Date 10 / 05 / 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.

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

28039874806

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Report Covering the Period: From:

07 / 01 / 2008

To:

09 / 30 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19).....	25,407.00	25,407.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25,407.00	25,407.00
7. Total Disbursements (from Line 31).....	3,363.77	3,363.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22,043.23	22,043.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Report Covering the Period: From:

07 / 01 / 2008

To:

09 / 30 / 2008

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

25,407.00

25,407.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

25,407.00

25,407.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

25,407.00

25,407.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

25,407.00

25,407.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

25,407.00

25,407.00

28039874808

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share		0 00	0 00
(ii) Non-Federal Share.....		0 00	0 00
(b) Other Federal Operating Expenditures		3 63 77	3 63 77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	3 63 77	3 63 77
22. Transfers to Affiliated/Other Party Committees.....		0 00	0 00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		3 00 00	3 00 00
24. Independent Expenditures (use Schedule E)		0 00	0 00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		0 00	0 00
26. Loan Repayments Made.....		0 00	0 00
27. Loans Made.....		0 00	0 00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0 00	0 00
(b) Political Party Committees		0 00	0 00
(c) Other Political Committees (such as PACs).....		0 00	0 00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	▶	0 00	0 00
29. Other Disbursements		0 00	0 00
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share		0 00	0 00
(ii) "Levin" Share.....		0 00	0 00
(b) Federal Election Activity Paid Entirely With Federal Funds		0 00	0 00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	▶	0 00	0 00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		3,363.77	3,363.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	3,363.77	3,363.77

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2540700	2540700
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2540700	2540700
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36377	36377
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36377	36377

28039874810

**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 1 OF 8					
	<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

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

NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial) A. HUBBARD, KAREN H.		Date of Receipt 07 / 07 / 2008	
Mailing Address 3415 UNIVERSITY AVENUE		Amount of Each Receipt this Period 5000.00	
City SAINT PAUL	State MN	Zip Code 55114	
FEC ID number of contributing federal political committee. C			
Name of Employer HUBBARD BROADCASTING	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5,000.00		

Full Name (Last, First, Middle Initial) B. WIGLEY, MICHAEL R.		Date of Receipt 08 / 23 / 2008	
Mailing Address PO BOX #376		Amount of Each Receipt this Period 2,500.00	
City LONG LAKE	State MN	Zip Code 55350	
FEC ID number of contributing federal political committee. C			
Name of Employer GREAT PLAINS COS.	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2,500.00		

Full Name (Last, First, Middle Initial) C. SMITH, ROBERT L.		Date of Receipt 08 / 23 / 2008	
Mailing Address 241 COLBORNE STREET		Amount of Each Receipt this Period 2,500	
City SAINT PAUL	State MN	Zip Code 55102	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2,500		

SUBTOTAL of Receipts This Page (optional).....▶	7,525.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 2 OF 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial)
A. **MASOG, ROBERT J.**

Mailing Address
12838 FOREST ROAD

City **LITTLE FALLS** State **MN** Zip Code **56345**

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

Name of Employer **MASOG CONCRETE** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt
08 / 25 / 2008

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. **ERICKSON, CURTIS D.**

Mailing Address
3744 CLEVELAND AVE. N ART. #226

City **SAINT PAUL** State **MN** Zip Code **55112**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt
08 / 25 / 2008

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. **PETERSON, TRYGVE M.**

Mailing Address
220 INTERLACHEN RD.

City **HOPKINS** State **MN** Zip Code **55343**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt
08 / 25 / 2008

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **32.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 8			
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial) A. BARTON, RAYMOND L.		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
Mailing Address 5915 CHRISTMAS LAKE ROAD		Amount of Each Receipt this Period 5000.00
City EXCELSIOR	State Zip Code MN 55331	
FEC ID number of contributing federal political committee. C		
Name of Employer DAY-GRANT CHASE, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. NORDLIE, JAMES S.		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
Mailing Address P.O. BOX #3583		Amount of Each Receipt this Period 500.00
City MINNEAPOLIS	State Zip Code MN 55403	
FEC ID number of contributing federal political committee. C		
Name of Employer BAYVIEW INVESTMENT	Occupation REAL ESTATE INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. SHEEHY, ELVERA		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
Mailing Address 1505 EDGEWATER AVENUE		Amount of Each Receipt this Period 500.00
City ST. PAUL	State Zip Code MN 55112	
FEC ID number of contributing federal political committee. C		
Name of Employer SHEEHY COMPANIES	Occupation CONTRACTOR	
Receipt For: <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).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

28039874813

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **4** OF **8**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBELTY FUND

A. GRAF, ALBERT J.
Full Name (Last, First, Middle Initial)
Mailing Address: **2008 SUGAR WOODS DRIVE**
City: **LONG LAKE** State: **MN** Zip Code: **55350**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **NORTHSTAR NEUROSCIENCE, INC.** Occupation: **DIRECTOR**
Receipt For: Primary General Other (specify) **500.00**
Aggregate Year-to-Date: **500.00**
Date of Receipt: **08 / 25 / 2008**
Amount of Each Receipt this Period: **500.00**

B. PETERSON, ROBERT E.
Full Name (Last, First, Middle Initial)
Mailing Address: **965 138TH LANE NE**
City: **HAM LAKE** State: **MN** Zip Code: **55304**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **SELF-EMPLOYED** Occupation: **SALES**
Receipt For: Primary General Other (specify) **100.00**
Aggregate Year-to-Date: **100.00**
Date of Receipt: **08 / 25 / 2008**
Amount of Each Receipt this Period: **100.00**

C. CHASE, DERWOOD S.
Full Name (Last, First, Middle Initial)
Mailing Address: **300 PRESTON AVENUE, SUITE #403**
City: **CHARLOTTESVILLE** State: **VA** Zip Code: **22902**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **RETIRED** Occupation: **INVESTMENT COUNSEL**
Receipt For: Primary General Other (specify) **500.00**
Aggregate Year-to-Date: **500.00**
Date of Receipt: **08 / 26 / 2008**
Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional).....▶ **1,100.00**
TOTAL This Period (last page this line number only).....▶

28039874814

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 8				
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial) A. MITCHELL, CHARLES J.B.		Date of Receipt 08 / 26 / 2008
Mailing Address 18709 MELROSE CHASE		Amount of Each Receipt this Period 500.00
City EDEN PRAIRIE	State Zip Code MN 55347	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer MCG, INC.	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. VAN HOUTEN, JAMES		

Mailing Address 3832 W. CALHOUN PARKWAY		Date of Receipt 08 / 29 / 2008
City MINNEAPOLIS	State Zip Code MN 55410	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer MINNESOTA STATE COLLEGES	Occupation TRUSTEE	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. MCNEELY, HARRY G.		

Mailing Address 444 AINE STREET		Date of Receipt 08 / 29 / 2008
City SAINT PAUL	State Zip Code MN 55101	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer MABITEX ENTERPRISES	Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1,500.00
TOTAL This Period (last page this line number only).....▶	

28039874815

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 8

<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)

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. **LYNCH, PATRICK E.**

Mailing Address

1616 BLACKBERRY CIRCLE

City
SARTELL

State
MN

Zip Code
56377

FEC ID number of contributing federal political committee.

C

Name of Employer

PAVNE LYNCH & ASSOCIATES

Occupation

BROKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

08 / 31 / 2008

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. **LLOYD, WILLIAM**

Mailing Address

8716 POPLAR BRIDGE ROAD

City
BLOOMINGTON

State
MN

Zip Code
55437

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2008

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **SCHILLING, JOHN F.**

Mailing Address

2125 HARVARD AVE.

City
DULUTH,

State
MN

Zip Code
55803

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2008

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1,100.00

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

1,100.00

28039874816

**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 7 OF 8	
	<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)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial) A. WINEY, KAREN L.		Date of Receipt 09 / 06 / 2008	
Mailing Address 3 BLACK OAK RD.		Amount of Each Receipt this Period 5000	
City NORTH OAKS,	State MN	Zip Code 55127	
FEC ID number of contributing federal political committee. C			
Name of Employer MAGNEPAN INC.	Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000		

Full Name (Last, First, Middle Initial) B. FAYFIELD, ROBERT W.		Date of Receipt 09 / 07 / 2008	
Mailing Address P.O. BOX #34		Amount of Each Receipt this Period 5,000.00	
City MINNEAPOLIS	State MN	Zip Code 55440	
FEC ID number of contributing federal political committee. C			
Name of Employer BANNER ENGINEERING CORP.	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5,000.00		

Full Name (Last, First, Middle Initial) C. ANDERSON, BRUCE D.		Date of Receipt 09 / 10 / 2008	
Mailing Address 3222 AADLAND AVE. NE		Amount of Each Receipt this Period 5000	
City BUFFALO	State MN	Zip Code 55313	
FEC ID number of contributing federal political committee. C			
Name of Employer MN HOUSE OF REPRESENTATIVES	Occupation STATE REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000		

SUBTOTAL of Receipts This Page (optional).....▶	5,100.00
TOTAL This Period (last page this line number only).....▶	

28039874817

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

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

FOR LINE NUMBER: PAGE 8 OF 8
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

A. LOWE, THOMAS P.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2630 W. LAFAYETTE RD.**
 City: **EXCELSIOR** State: **MN** Zip Code: **55331**
 Date of Receipt: **09 / 14 / 2008**
 Amount of Each Receipt this Period: **3,000.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **CARLOAD CORPORATION** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **3,000.00**

B. HEETER, ROBERT E.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **245 COUNTY RD 92**
 City: **MAPLE PLAIN** State: **MN** Zip Code: **55359**
 Date of Receipt: **09 / 28 / 2008**
 Amount of Each Receipt this Period: **5,000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **5,000**

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address:
 City: State: Zip Code:
 Date of Receipt:
 Amount of Each Receipt this Period:
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

SUBTOTAL of Receipts This Page (optional)..... ▶ **3,050.00**
TOTAL This Period (last page this line number only)..... ▶ **25,407.00**

28039874818

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<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)

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. POSTMASTER

Mailing Address
1611 COUNTY ROAD B WEST

City **SAINT PAUL** State **MN** Zip Code **55113**

Purpose of Disbursement
POST OFFICE BOX RENTAL FEE

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2008

Amount of Each Disbursement this Period

3500

Full Name (Last, First, Middle Initial)

B. HARLAND CLARKE CHECK PRINTING

Mailing Address
5267 PROGRAM AVENUE

City **MOUNOS VIEW** State **MN** Zip Code

Purpose of Disbursement
CHECK PRINTING

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2008

Amount of Each Disbursement this Period

3057

Full Name (Last, First, Middle Initial)

C. POSTMASTER

Mailing Address
1611 COUNTY ROAD B WEST

City **SAINT PAUL** State **MN** Zip Code **55113**

Purpose of Disbursement
STAMPS

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2008

Amount of Each Disbursement this Period

14700

SUBTOTAL of Disbursements This Page (optional).....▶

21257

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

28039874819

**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)

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial)

A.

POSTMASTER

Mailing Address
1611 COUNTY ROAD B WEST

City **SAINT PAUL** State **MN** Zip Code **55113**

Purpose of Disbursement
STAMPS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2008

Amount of Each Disbursement this Period

151.20

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

151.20

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

363.77

28039874820

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

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

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NAME OF COMMITTEE (In Full)

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. ERIK PAULSEN FOR CONGRESS

Mailing Address

PO BOX #44369

City

EOEN PRAIRIE

State

MN

Zip Code

55344

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

ERIK PAULSEN

011

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District: **3**

Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. BACHMANN FOR CONGRESS

Mailing Address

PO BOX #25950

City

WOODBURY

State

MN

Zip Code

55125

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

MICHELE BACHMANN

011

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District: **6**

Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BRIAN DAVIS FOR CONGRESS

Mailing Address

PO BOX #1081

City

ROCHESTER

State

MN

Zip Code

55903

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

BRIAN DAVIS

011

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District: **1**

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

2,000.00

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

28039874821

**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 2 OF 2	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

A.

Full Name (Last, First, Middle Initial)
JOHN KLINE FOR CONGRESS

Date of Disbursement
09 / 17 / 2008

Mailing Address
101 W. BURNSVILLE PARKWAY, SUITE 104

City **BURNSVILLE** State **MN** Zip Code **55337**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHN KLINE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **2**

Amount of Each Disbursement this Period
500.00

Category/Type
011

B.

Full Name (Last, First, Middle Initial)
NORM COLEMAN FOR SENATE

Date of Disbursement
09 / 17 / 2008

Mailing Address
680 TRANSFER ROAD

City **SAINT PAUL** State **MN** Zip Code **55114**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
NORM COLEMAN

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **—**

Amount of Each Disbursement this Period
500.00

Category/Type
011

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **1,000.00**


TOTAL This Period (last page this line number only)..... **3,000.00**

28039874822

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

28039874823


 PREPARER
 (3/2005)

10/20/08
 DATE PREPARED