

**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

DORSEY NATIONAL FUND

ADDRESS (number and street) 50 South Sixth Street

Check if different than previously reported. (ACC)

Minneapolis MN 55402

2. **FEC IDENTIFICATION NUMBER** C00018945

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 Quarterly 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 (12G)	

Election on _____ 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)
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Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 03 31 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 Kevin Tracey

Signature of Treasurer Electronically Filed by Kevin Tracey Date 04 12 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										FEC FORM 3X (Rev. 12/2004)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
DORSEY NATIONAL FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		13096.81
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	13096.81									
(c) Total Receipts (from Line 19)	0.00	0.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13096.81	13096.81								
7. Total Disbursements (from Line 31)	12450.00	12450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	646.81	646.81								
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)	810.00									

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
DORSEY NATIONAL FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
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 Transfer (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))	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	0.00

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10450.00	10450.00
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).....	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.....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	12450.00	12450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12450.00	12450.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
DORSEY NATIONAL FUND

A. Full Name (Last, First, Middle Initial)
Michael Ahern

Mailing Address 50 South Sixth Street

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Occupation
Dorsey & Whitney LLP Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period
50.00

Exempt Legal Fees

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Philippe Oman

Mailing Address 50 South Sixth Street

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Occupation
Dorsey & Whitney LLP Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period
175.00

Exempt Accounting Fees

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Lynnette Slater Crandall

Mailing Address 50 South Sixth Street

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Occupation
Dorsey & Whitney LLP Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.4129

Amount of Each Receipt this Period
50.00

Exempt Legal Fees

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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 / 12	
	(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) DORSEY NATIONAL FUND

A.	Full Name (Last, First, Middle Initial) Rose Wilson	Date of Receipt
	Mailing Address 50 South Sixth Street	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City State Zip Code Minneapolis MN 55402	Transaction ID: SA11AI.4131
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
	Name of Employer Occupation Dorsey & Whitney LLP Administrator	Exempt Accounting Fees
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="50.00"/>

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="0.00"/>

**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 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)
DORSEY NATIONAL FUND

A.	Full Name (Last, First, Middle Initial) DANPAC	Transaction ID: SB23.4172 Date of Disbursement
	Mailing Address 1088 Bishop Street Suite 1009 Suite 1009	<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> 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) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.4174 Date of Disbursement
	Mailing Address 1017 8th St NE	<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name JAMES L HON. OBERSTAR	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JAMES BARRIE HOVLAND	Transaction ID: SB23.4113 Date of Disbursement
	Mailing Address 5539 W 70TH ST	<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City EDINA State MN Zip Code 55439	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JAMES BARRIE HOVLAND	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
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 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)
DORSEY NATIONAL FUND

A. Full Name (Last, First, Middle Initial)
KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement

Category/
Type

Candidate Name
AMY J KLOBUCHAR

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MN District: 00

Transaction ID: SB23.4208

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement

Category/
Type

Candidate Name
PATRICK LEAHY

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: VT District: 00

Transaction ID: SB23.4201

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MADIA FOR U S CONGRESS

Mailing Address PO BOX 2459

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement

Category/
Type

Candidate Name
JIGAR ASHWIN MADIA

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: MN District: 03

Transaction ID: SB23.4194

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 / 12

<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)
DORSEY NATIONAL FUND

A.

Full Name (Last, First, Middle Initial)
MCCOLLUM FOR CONGRESS

Transaction ID: SB23.4181

Date of Disbursement

Mailing Address P.O. Box 14131

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

City State Zip Code
St. Paul MN 55114

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
BETTY MCCOLLUM

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 04

B.

Full Name (Last, First, Middle Initial)
ERIK PAULSEN

Transaction ID: SB23.4123

Date of Disbursement

Mailing Address PO BOX 44369

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

City State Zip Code
EDEN PRAIRIE MN 55344

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
ERIK PAULSEN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 03

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

10450.00

**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)

PAGE 11 / 12

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DORSEY NATIONAL FUND

A. Full Name (Last, First, Middle Initial) Hoeven Committee <hr/> Mailing Address PO Box 952 <hr/> City Bismarck State ND Zip Code 58502-9969 <hr/> Purpose of Disbursement Contribution to non-Federal candidate. Candidate Name John Hoeven <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4162 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Montana Victory 2008 <hr/> Mailing Address 236 Massachusetts Avenue NE Suite 603 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution to non-Federal committee. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4164 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 / 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DORSEY NATIONAL FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dorsey & Whitney LLP	Nature of Debt (Purpose): Administrative
Mailing Address 50 South Sixth Street	
City State ZIP Code Minneapolis MN 55402	

Outstanding Balance Beginning This Period 720.00	Transaction ID: SD10.4137	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 720.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dorsey & Whitney LLP	Nature of Debt (Purpose): Administrative
Mailing Address 50 South Sixth Street	
City State ZIP Code Minneapolis MN 55402	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4134	
Amount Incurred This Period 90.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

1) SUBTOTALS This Period This Page (optional).....	810.00
2) TOTALS This Period (last page this line number only).....	810.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	810.00