

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different than previously reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MN

01

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y
03 / 31 / 2014

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 DOUGLAS R HITZEMANN

Signature of Treasurer DOUGLAS R HITZEMANN

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 14 / 2014

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 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF HAGEDORN

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8335.00	47525.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8335.00	47475.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24982.71	45524.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24982.71	45524.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6950.44	
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).....	5000.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5750.00	41190.00
(ii) Unitemized.....	2585.00	2585.00
(iii) TOTAL of contributions from individuals ▶	8335.00	43775.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	3750.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8335.00	47525.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13335.00	52525.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24982.71	45524.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(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 20(a), (b), and (c)).....	0.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24982.71	45574.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18598.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13335.00
25. SUBTOTAL (add Line 23 and Line 24).....	31933.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24982.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6950.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
PAUL BREITBARTH

Mailing Address 6938 NE HALBROOK LN

City ANKENY State IA Zip Code 50023

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

Name of Employer SALES Occupation POWER SYSTEMS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
DEAN COMPART

Mailing Address 40750 441ST AVE

City NICOLLET State MN Zip Code 56074

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period
 350.00

C. Full Name (Last, First, Middle Initial)
JAMES COMPART

Mailing Address 45198 400TH ST

City NICOLLET State MN Zip Code 56074

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period
 350.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
PAT FITZSIMMONS

Mailing Address 72515 237TH ST

City DASSEL State MN Zip Code 55325

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

Name of Employer PROTEIN SOURCES Occupation FARM MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAUL FITZSIMMONS

Mailing Address 54440 148TH ST

City GOOD THUNDER State MN Zip Code 56037

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

Name of Employer PROTEIN SOURCES Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARY HEWITT

Mailing Address 4600 VIA DOLCE # 115

City MARINA DEL REY State CA Zip Code 90292

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

Name of Employer BOYS & GIRLS CLUB Occupation EXEC DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) JOHN HOLLERICH		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 308 SMITH COURT		Transaction ID : SA11AI.4361
City MAPLETON	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PROTEIN SOURCES	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) JOSH KELLEY		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 22 / 2014
Mailing Address 48414 BEAVER DAM ROAD		Transaction ID : SA11AI.4371
City ELYSIAN	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) JONATHAN KIETZER		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2014
Mailing Address 931 MADISON AVE		Transaction ID : SA11AI.4359
City MANKATO	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CENTURY 21 LANDMARK REALTORS	Occupation REAL ESTATE BROKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
FRANK PIERUCCINI

Mailing Address 871 FORESTVILLE MEADOWS DR

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
RAPPAPORT MGMT ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID RODE

Mailing Address PO BOX 279

City State Zip Code
TRUMAN MN 56088

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

Name of Employer Occupation
SELF RODE CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KYLE SMITH

Mailing Address 530 S FRONT ST

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
GROWTH HOLDINGS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
LANDON SMITH

Mailing Address 530 S FRONT ST

City MANKATO State MN Zip Code 56001

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

Name of Employer: GROWTH DEVELOPMENT Occupation: MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 22 / 2014

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
GARY STEUART

Mailing Address 40184 120TH ST

City MABEL State MN Zip Code 55954

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

Name of Employer: OWNER Occupation: STEUART LABORATORIES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 03 / 12 / 2014

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
GARY STEUART

Mailing Address 40184 120TH ST

City MABEL State MN Zip Code 55954

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

Name of Employer: OWNER Occupation: STEUART LABORATORIES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 03 / 28 / 2014

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period: 300.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
KENNETH WILMES

Mailing Address 58928 211TH LANE

City MANKATO State MN Zip Code 56001

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

Name of Employer INDUSTRIAL FABRICATION SERVICE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11Al.4355

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

5750.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : SA13A.4354

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. AMBIENT LIGHT STUDIOS		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 310 MAIN ST NE		Amount of Each Disbursement this Period 641.25 Transaction ID : SB17.4311
City MAPLETON	State MN	
Zip Code 56065	Purpose of Disbursement ADVERTISING EXPENSES	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMBIENT LIGHT STUDIOS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 310 MAIN ST NE		Amount of Each Disbursement this Period 355.36 Transaction ID : SB17.4325
City MAPLETON	State MN	
Zip Code 56065	Purpose of Disbursement ADVERTISING EXPENSES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 1895 ADAMS ST		Amount of Each Disbursement this Period 330.67 Transaction ID : SB17.4305
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMERA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1327.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. CHARLIE'S			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address MADISON AVE			Amount of Each Disbursement this Period 104.08	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4341	
Purpose of Disbursement MEALS		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. CHARLIE'S			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address MADISON AVE			Amount of Each Disbursement this Period 125.00	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4343	
Purpose of Disbursement MEALS		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. CLARK			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address MADISON AVE			Amount of Each Disbursement this Period 525.50	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4344	
Purpose of Disbursement FUEL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	754.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. LON FIRCHAU			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014	
Mailing Address 125 FALCON DR			Amount of Each Disbursement this Period 2000.00	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4302	
Purpose of Disbursement CAMPAIGN MANAGER		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. LON FIRCHAU			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address 125 FALCON DR			Amount of Each Disbursement this Period 2000.00	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4312	
Purpose of Disbursement CAMPAIGN MANAGER		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. LON FIRCHAU			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014	
Mailing Address 125 FALCON DR			Amount of Each Disbursement this Period 2000.00	
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4319	
Purpose of Disbursement CAMPAIGN MANAGER		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. LON FIRCHAU			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014		
Mailing Address 125 FALCON DR			Amount of Each Disbursement this Period 1000.00		
City MANKATO	State MN	Zip Code 56001	Transaction ID : SB17.4320		
Purpose of Disbursement CAMPAIGN MANAGER		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. JAMES HAGEDORN			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014		
Mailing Address PO BOX 63			Amount of Each Disbursement this Period 2000.00		
City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SB17.4304		
Purpose of Disbursement MILEAGE		Category/ Type			
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: MN District: 01					

Full Name (Last, First, Middle Initial) C. JAMES HAGEDORN			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address PO BOX 63			Amount of Each Disbursement this Period 1000.00		
City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SB17.4324		
Purpose of Disbursement MILEAGE		Category/ Type			
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: MN District: 01					

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.4350
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement MILEAGE	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: MN	District: 01	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4351
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement MEALS	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: MN	District: 01	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) C. KWIK TRIP		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 304.04 Transaction ID : SB17.4346
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State:	District:	<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....	5304.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4309
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4316
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4321
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	207.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. P2B STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 4750 E 53RD ST
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement
CONSULTANT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 17 / 2014

Amount of Each Disbursement this Period
2819.16

Transaction ID : SB17.4353

Category/Type

B. RICHTER PICTURE COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 1741 LOIS DRIVE

City ST PAUL State MN Zip Code 55126

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 24 / 2014

Amount of Each Disbursement this Period
1625.00

Transaction ID : SB17.4322

Category/Type
001

C. DAN ROBSON

Full Name (Last, First, Middle Initial)

Mailing Address 232 STATE ST

City EMMONS State MN Zip Code 56029

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB17.4314

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 5444.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)
A. RUSSELL LABEL & PACKAGING

Mailing Address 499 BURGESS ST

City ST PAUL State MN Zip Code 55117

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 21 / 2014

Amount of Each Disbursement this Period
338.42

Transaction ID : SB17.4317

Category/Type

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 338.42

TOTAL This Period (last page this line number only)..... 23375.48

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4354

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES HAGEDORN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 63

City State ZIP Code
BLUE EARTH MN 56013

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 31 / 2014 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 5000.00
TOTALS This Period (last page in this line only)..... 5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4354

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID: