

# 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Kevin Tracey

Signature of Treasurer Electronically Filed by Kevin Tracey Date 10 12 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Dorsey National Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">46130.91</td></tr></table>	46130.91
Y	Y	Y	Y									
2	0	0	6									
46130.91												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">33590.91</td></tr></table>	33590.91										
33590.91												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">10000.00</td></tr></table>	10000.00	<table border="1" style="width: 100%;"><tr><td align="right">10000.00</td></tr></table>	10000.00								
10000.00												
10000.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">43590.91</td></tr></table>	43590.91	<table border="1" style="width: 100%;"><tr><td align="right">56130.91</td></tr></table>	56130.91								
43590.91												
56130.91												
<hr/> 7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">33694.10</td></tr></table>	33694.10	<table border="1" style="width: 100%;"><tr><td align="right">46234.10</td></tr></table>	46234.10								
33694.10												
46234.10												
<hr/> 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">9896.81</td></tr></table>	9896.81	<table border="1" style="width: 100%;"><tr><td align="right">9896.81</td></tr></table>	9896.81								
9896.81												
9896.81												
<hr/> 9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
<hr/> 10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">270.00</td></tr></table>	270.00										
270.00												

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	10000.00	10000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	10000.00	10000.00
(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) ▶	10000.00	10000.00
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)) .....	10000.00	10000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10000.00	10000.00

**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.....	44.10	584.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	44.10	584.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8750.00	20750.00
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.....	24900.00	24900.00
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))..	33694.10	46234.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33694.10	46234.10

**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) .....	10000.00	10000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	10000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44.10	584.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	44.10	584.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<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)  
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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6712

Amount of Each Receipt this Period  
100.00

Exempt Legal Fees

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Chris Kausch

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  
Accountant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6713

Amount of Each Receipt this Period  
350.00

Exempt Accounting Fees

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Rose Wilson

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 Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6716

Amount of Each Receipt this Period  
100.00

Exempt Accountig Fees

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>0.00</b>

**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

Full Name (Last, First, Middle Initial) <b>A. BACHMANN FOR CONGRESS</b>		Transaction ID: SB23.6352 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address    BOX 49756		Amount of Each Disbursement this Period 1000.00	
City BLAINE	State    Zip Code MN       55449		
Purpose of Disbursement Candidate Name MICHELE M BACHMANN			011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN        District: 06	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MIKE ERLANDSON</b>		Transaction ID: SB23.6726 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address    2809 E LAKE OF THE ISLES PKWY		Amount of Each Disbursement this Period 44.10  <b>[MEMO ITEM]</b>	
City MINNEAPOLIS	State    Zip Code MN       55408		
Purpose of Disbursement In Kind Donation Catering BreakfastRolls Candidate Name MIKE ERLANDSON			007 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN        District: 05	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM OBERSTAR</b>		Transaction ID: SB23.6326 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6	
Mailing Address    1017 8th St. NE		Amount of Each Disbursement this Period 1000.00	
City Washington	State    Zip Code DC       20002		
Purpose of Disbursement Candidate Name JAMES L. OBERSTAR			011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN        District: 08	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

Full Name (Last, First, Middle Initial) <b>A. KLOBUCHAR FOR MINNESOTA</b>		<b>Transaction ID: SB23.6722</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1430 CONCORDIA AVENUE PO BOX 4146		Amount of Each Disbursement this Period 2500.00
City SAINT PAUL State MN Zip Code 55104	Purpose of Disbursement 011 Category/ Type	
Candidate Name AMY KLOBUCHAR		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. KLOBUCHAR FOR MINNESOTA</b>		<b>Transaction ID: SB23.6723</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1430 CONCORDIA AVENUE PO BOX 4146		Amount of Each Disbursement this Period 2500.00
City SAINT PAUL State MN Zip Code 55104	Purpose of Disbursement 011 Category/ Type	
Candidate Name AMY KLOBUCHAR		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. MARK KENNEDY 06</b>		<b>Transaction ID: SB23.6343</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO BOX 49333		Amount of Each Disbursement this Period 250.00
City BLAINE State MN Zip Code 55449	Purpose of Disbursement 011 Category/ Type	
Candidate Name MARK RAYMOND KENNEDY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5250.00
<b>TOTAL</b> 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 9 / 18

<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

Full Name (Last, First, Middle Initial)

**A.** MARK UDALL FOR CONGRESS INC.

Mailing Address 8690 Wolff Court #200  
8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement

Candidate Name  
MARK UDALL

Office Sought:  House  
 Senate  
 President  
State: CO District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6348

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1500.00

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

1500.00

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

8750.00

# 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 10 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Gronstal</b>		<b>Transaction ID: SB29.6353</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 220 Bennett Avenue		Amount of Each Disbursement this Period 1000.00
City Council Bluffs	State IA Zip Code 55305	
Purpose of Disbursement		
Candidate Name Micheal Gronstal Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citizens to Protect Colorado Courts</b>		<b>Transaction ID: SB29.6355</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2006
Mailing Address 1900 Grant Street Suite 900		Amount of Each Disbursement this Period 12500.00
City Denver	State CO Zip Code 80203	
Purpose of Disbursement		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Comm to Re-Elect Justice Gerry Alexander</b>		<b>Transaction ID: SB29.6359</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 525 Columbia St. NW		Amount of Each Disbursement this Period 1400.00
City Olympia	State WA Zip Code 98501-1098	
Purpose of Disbursement		
Candidate Name Gerry . Alexander Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14900.00
<b>TOTAL</b> 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 11 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Friends of Deb Eddy</b>		<b>Transaction ID: SB29.6363</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 6619 132nd Ave PMB 149		Amount of Each Disbursement this Period 250.00
City Kirkland State WA Zip Code 98033		
Purpose of Disbursement		011 Category/ Type
Candidate Name Deb . Eddy		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim Street</b>		<b>Transaction ID: SB29.6366</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 30149		Amount of Each Disbursement this Period 250.00
City Seattle State WA Zip Code 98113-0149		
Purpose of Disbursement		011 Category/ Type
Candidate Name Jim . Street		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. George Eichorn for Iowa House</b>		<b>Transaction ID: SB29.6369</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box		Amount of Each Disbursement this Period 250.00
City Stratsford State IA Zip Code 50249		
Purpose of Disbursement		011 Category/ Type
Candidate Name		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Gipp for Representative Committee</b>		<b>Transaction ID: SB29.6372</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 212 High Street		Amount of Each Disbursement this Period 1000.00
City Decorah State IA Zip Code 52101		
Purpose of Disbursement	011 Category/Type	
Candidate Name Chuck . Gipp		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Horbach for House of Representatives</b>		<b>Transaction ID: SB29.6375</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1014 Oakland Drive		Amount of Each Disbursement this Period 250.00
City Tama State IA Zip Code 52339		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jim Van Fossen for State House</b>		<b>Transaction ID: SB29.6378</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 13 Enchanted Island		Amount of Each Disbursement this Period 250.00
City Davenport State IA Zip Code 52802		
Purpose of Disbursement	011 Category/Type	
Candidate Name Jim . Van Fossen		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 13 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Keith A. Kreiman for Senate</b>		<b>Transaction ID: SB29.6381</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 406 Parkview Drive		Amount of Each Disbursement this Period 500.00
City Bloomfield State IA Zip Code 52537	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Keith A. Kreiman		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kibbie for Senate</b>		<b>Transaction ID: SB29.6385</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address P.O. Box 190		Amount of Each Disbursement this Period 1000.00
City Emmetsburg State IA Zip Code 50536	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John P. Kibbie		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Laiminger for Judge</b>		<b>Transaction ID: SB29.6388</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address P.O. Box 30262		Amount of Each Disbursement this Period 250.00
City Spokane State WA Zip Code 99223-3004	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mark . Laiminger		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 14 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Lundby for Iowa Senate</b>		<b>Transaction ID: SB29.6391</b> Date of Disbursement 09 / 01 / 2006
Mailing Address P.O. Box 563		Amount of Each Disbursement this Period 1000.00
City Marion	State IA Zip Code 52302	
Purpose of Disbursement		
Candidate Name Mary . Lundby		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

Full Name (Last, First, Middle Initial) <b>B. McCarthy for State Representative</b>		<b>Transaction ID: SB29.6395</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 5220 SE 31st Court		Amount of Each Disbursement this Period 250.00
City Des Moines	State IA Zip Code 50320	
Purpose of Disbursement		
Candidate Name Kevin . McCarthy		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Miller for Senate</b>		<b>Transaction ID: SB29.6398</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 119 N. Court		Amount of Each Disbursement this Period 500.00
City Fairfield	State IA Zip Code 52556-2812	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 15 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Patrick Murphy for State Representative</b>		<b>Transaction ID: SB29.6401</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 155 North Grandview Ave		Amount of Each Disbursement this Period 1000.00
City Dubuque State IA Zip Code 52001-6325		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Patrick . Murphy Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paulsen for State House Committee</b>		<b>Transaction ID: SB29.6421</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 250		Amount of Each Disbursement this Period 500.00
City Hiawatha State IA Zip Code 52233		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Kraig . Paulsen Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. People for Sally Clark</b>		<b>Transaction ID: SB29.6406</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 2041		Amount of Each Disbursement this Period 250.00
City Seattle State WA Zip Code 98111		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sally . Clark Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 16 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Rants for Statehouse</b>		Transaction ID: SB29.6410 Date of Disbursement																					
Mailing Address 2740 South Glass 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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
City Sioux City	State IA	Zip Code 51106	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/> 011	<input type="text" value="1000.00"/>																				
Candidate Name Christopher Rants		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Swaim for House</b>		Transaction ID: SB29.6413 Date of Disbursement																					
Mailing Address 504 North Davis		<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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
City Bloomfield	State IA	Zip Code 52537	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/> 011	<input type="text" value="500.00"/>																				
Candidate Name Kurt Swaim		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. Warnstadt for Senate Committee</b>		Transaction ID: SB29.6416 Date of Disbursement																					
Mailing Address 3301 Chambers St		<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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
City Sioux City	State IA	Zip Code 51104	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/> 011	<input type="text" value="500.00"/>																				
Candidate Name Steve Warnstadt		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> 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)

PAGE 17 / 18

<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)  
Zaun for Iowa Senate

Mailing Address 7125 Douglass Avenue

City Urbandale State IA Zip Code 50322

Purpose of Disbursement

Candidate Name Brad Zaun

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.6420

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="24900.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Dorsey National Fund

<b>A.</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 90.00	<b>Transaction ID:</b> SD10.6291	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

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

Outstanding Balance Beginning This Period 90.00	<b>Transaction ID:</b> SD10.6303	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

<b>C.</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	<b>Transaction ID:</b> SD10.6360	
Amount Incurred This Period 90.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	270.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	270.00
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	