2903001289

FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

209 FED -2 PH 12: 24

Rev. 12/2004

Office Use Only

1.	1. NAME OF TYPE OR PRINT N COMMITTEE (in full)			PRINT ¥	Example: If typing, type over the lines.				M5			
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2.	FEC ID	ENTIFICATION N	UMBE	R ▼		CITY			STATE A		ZIP CO	DE 🛦
	Co	03394	73	, , ,		3. IS THIS REPOF	W .	NEW (N) OF		AMENDED (A)		
4.	TYPE (Choose	OF REPORT	(b)	Mor Rep Due	ort 🚉 :	Feb 20 (M	e 	May 20 (M		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Qu	arterly Reports:			9 4 11 - 0 14 - 1	Mar 20 (N	1972) 1978)	Jun 20 (M6	i (indi	Sep 20 (M9)	j	Dec 20 (M12) (Non-Election Year Only)
	F.C	April 15 Quarterly Report (O1)		9 1 10 - 11	Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	<u> </u>	Jan 31 (YE)
	. :	July 15 Quarterly Report ((c)	12-Day PRE-Electio		Primary (1	12P)	Gen	eral (12G)		Runoff (12R)
	7 6	October 15			Report for t		Conventio	n (12C)	Spe	cial (12S)		
	X	Quarterly Report (January 31 Year-End Report (E	Election on	, M M	/ D 0	i de la compania	∀	in the State o	f <u>t</u>
	<u>.</u> :	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on	(d)	30-Day		General (30G)	Run	off (30R)		Special (30S)
	F.	Termination Repor (TER)	t		Report for t	ne: Election on	M M	11 15	, [\]	4	in the State o	f {
5.	Coverin	ng Period /	7 / / / / / / / / / / / / / / / / / / /	2	Š ′ Ž ¢	08	through	n (м / <u>п</u> 2 3	20	, §	
Tice	ertify that	I have examined t	his Rep	ort a	and to the be	est of my k	nowledge an	d belief it is	true, correc	t and comple	te.	
Typ	e or Prir	nt Name of Treasur	er <u>/</u>	V/ (CHOLA	STR	uso					
Sig	nature o	f Treasurer 2	Jis	w p	n Ju	w-			Date :	M M / B	D /	2009
NO		nission of false, error	neous, d	or inc	omplete infor	mation may	subject the p	person signing	this Report	to the penalt	es of 2 l	J.S.C. §437g.
		iffice Use]	}		- }		FOR	-

2903001289

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Report Covering the Period:

From:

11 25 2008

To: 12 31 200

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2008		0.00
	(b) Cash on Hand at Beginning of Reporting Period	, 11,570.32	
	(c) Total Receipts (from Line 19)	250.00	, 25,657.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, //,810.32	, 25,657.00
-	Total Disbursements (from Line 31)	,2,7,5,31	, 14,11199
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,1,5,4,5,0,1	, 11,54.5.0.1
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXPAYERS LEAGUE OF MINNESOTA LIBERTY FUND

Report Covering the Period:

From:

25 2008

To:

12 31 2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
11.	Contributions (other than loans) From:							
	(a) Individuals/Persons Other							
	Than Political Committees	The standard and an article of the standard of	Land and Landrack Line Academic Associations in the					
	(i) Iternized (use Schedule A)	25000	25,657.00					
	(ii) Unitemized	0,00	0.00					
	(iii) TOTAL (add	0,00,0 	0.00					
	Lines 11(a)(i) and (ii)	,250.00	, 25,657.00					
	(b) Political Party Committees	0.00	0 00					
	(c) Other Political Committees	To the state of th	· · · · · · · · · · · · · · · · · · ·					
	(such as PACs)	0.00	.					
	(d) Total Contributions (add Lines	State Colonial (Morror of Colonial Association of Colonial Colonia	The state of the s					
	11(a)(iii), (b), and (c)) (Carry	gradiento de la gradación de la companiona	ा कृतकात् पुरस्कात हो। सामान्य का नामान्य का सामान्य का स्थान					
••	Totals to Line 33, page 5)	25000	25,657.00					
12.	Transfers From Affiliated/Other		in the first of the court of th					
	Party Committees	, 000	0_0 0					
13.	All Loans Received							
14	Loan Repayments Received							
	Offsets To Operating Expenditures	End to the state of the state o	, , , , ,					
١٠.	(Refunds, Rebates, etc.)							
	(Carry Totals to Line 37, page 5)	The second secon						
16	Refunds of Contributions Made	0.00	,,,,,,,, .					
10.								
	to Federal Candidates and Other	The part of the state of the st	्राचा (प्राण्याचार २ प्राप्तः (हा एका प्राण्यास्थ्यास्थ्यः सम्बद्धान्त्रसम्बद्धान्त्रसम्बद्धान्त्रस्य					
	Political Committees	0.00						
17.	Other Federal Receipts	In this section with a section of a matrix of φ . The section of φ	हरत प्रात्मकृष सम्मार रहाम राज्यक्तां क्यां है असे के राज्यक्तां कर है					
	(Dividends, Interest, etc.)	0.00						
18.	Transfers from Non-Federal and Levin Funds							
	(a) Non-Federal Account	Reserve or mediate Strain, and confirmence or rection of	ಕ್ಷಣದಲ್ಲಿ ಕಾಗ್ರಹದ್ದಾರಾಲ್ಕ್ ಎಂಬ ನರ್ಮಟ್ ಗಾಗಿ ನಿರ್ಮ					
	(from Schedule H3)	0.00						
	(b) Levin Funds (from Schedule H5)							
	(b) Levin Funds (from Schedule AS)	0.0.0	0.00					
	(c) Total Transfers (add 18(a) and 18(b))	, , , , , , , , , , , , , , , , , , , ,	, , , , , , 0.00					
19.	Total Receipts (add Lines 11(d),		to at its analysis what it seems a subject to the					
	12, 13, 14, 15, 16, 17, and 18(c))	250 00	25,657.00					
		والتعاري والمستوال المساور والمراجع والمستعبدات	tandral of attender bedien at all min.					
20.	Total Federal Receipts	्रा स्थानस्थात्रात्रात्रास्य स्थापः तस्य स्थापः तद्यात्रात्रात्रात्रात्रात्रात्रात्रात्रात्र						
	(subtract Line 18(c) from Line 19)▶	25000	1545344					
	1212	,25000	25,657.00					

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
	Operating Expenditures:	Total Tris Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal	Leaves formally semillered factors and externational of templifiers of	್ರಾರ್ಯ, ಪ್ರತಿ ಪ್ರತಿ ಹೆಗ್ಗಾಡಿಕಿ ಪ್ರವಿತಿ ಅರಣದ ಪಟ್ಟಿಯಲ್ಲಿಗೂ ಮತ್ತು ಕರ್ನ್ನಾರಿ ಸಂಕರ್ಣ.
	Activity (from Schedule H4)	0.00	
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.0.0
(b) Other Federal Operating	Reserved to the control of the contr	and the second section of the second
,	Expenditures	27531	111199
(c) Total Operating Expenditures	27531	1,1,1,9,9
•	(add 21(a)(i), (a)(ii), and (b))▶	1 2 2 3 1	
2. 1	Fransfers to Affiliated/Other Party		and the second s
(Committees	0.00	· · · · · · · · · · · · · · · · · · ·
3. (Contributions to Federal Candidates/Committees	Easterach of conserve the Mountaine Chillette of the conserve the cons	0.0
	and Other Political Committees	0.00:	1.3,0.00.00
4. I	ndependent Expenditures	0.00	
	•	1: V O O	0.07
5. }	use Schedule E)		, , ,
}	2 U.S.C. §441a(d)) use Schedule F)	000	, , , , , , , , , , , , , , , , , , , ,
`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 1	oan Repayments Made	0.00	0.0
•	-oan riopaymonio madoiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	The section of the se	to an Emilion 20 to the colored State (for a successful of the state o
7 1	_oans Made	, 0.00	201
3. F	Refunds of Contributions To:	the continue to the The Control of t	The section of the se
((a) Individuals/Persons Other Than Political Committees	0.00	0.0
	Than I omiour committees	The first of the the size of the first of th	
	(b) Political Party Committees	0.00	0.00
	c) Other Political Committees	0.00	- 1
•	(such as PACs)		0.00
	(555) 45 17105/	No. Care of the Care Office Co.	,,
(d) Total Contribution Refunds	perial seems weeks, common to marke an	en e
	(add Lines 28(a), (b), and (c))▶	0.00	0.0
		 (for a some first of the hardened flagger, some and the first of the property of the contract of	 Substitute requirement (Associated September 1997). Substitute of the substitute of the substi
9. (Other Disbursements	0.0,0	0.00
		Remount Committee of the Committee Committee of the Commi	d wikalita imakalita iku almiin k
	Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6)		 Konstruction of the contract of t
	(i) Federal Share	0.00	,0.00
			n yemiyen yita leb a niyo italik bili ili bili bili bili bili bili bi
	(ii) "Levin" Share	0.00	, , , O.O.C
((b) Federal Election Activity Paid Entirely		
	With Federal Funds	, 0.00	, , , , <i>0.0 a</i>
((c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	or or who have the confirmation
	Total Disbursements (add Lines 21(c), 22,		
			e de l'architecture de la company de l'architecture de la company de l'architecture de l'architecture de la co
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	,2 7. <u>5</u> .3.1	1411196
, -	Total Federal Disbursements		•
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	A CONTRACTOR OF THE PROPERTY O	o productiva i protesta a ser establica de la constitución de la const
1	rom Line 31)	27531	14,1,1,9

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)	from interdirectional territory (in ordered to extend the continuous)	Emerican to refundamental chi infraschimatin antiserellenas.
	(from Line 11(d), page 3)	250.00	25,65700
34.	Total Contribution Refunds	Entrally selected hand, and the selection of the selectio	The state of the s
	(from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans)	Section 1 miles of the contract of the contrac	
	(subtract Line 34 from Line 33)	250.00	25,657.00
36.	Total Federal Operating Expenditures	in the feature of the subsection of the subsecti	Entrangement confirmation and a series of the confirmation of the
	(add Line 21(a)(i) and Line 21(b))	27531	1,1,1,1,9,9
37.	Offsets to Operating Expenditures	Management Town with the statement and the statement internal form of the statement of the	Service of the servic
	(from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures	Manager and a second an artificial section of the second s	
	(subtract Line 37 from Line 36)	, 27531	
		Name and the second	Seminary of the Seminary of th

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE / OF	- /						
(check only one)							
X 11a							
13 14 15 16	<u> </u>						

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) TAXPAYELS LEAGUE OF MINNESOTA LIBERTY FUND Full Name (Last, First, Middle Initial) Date of Receipt McCARTHY. DIANE Mailing Address 19765 LAKENIEW AVENUE City State Zip Code MN EXCELSIOR 5533I Amount of Each Receipt this Period krimalikas damanti mesamakrimiliminiken i**lamini**kan kel FEC ID number of contributing 2,50,00 federal political committee. Name of Employer Occupation NIA HOMEMAKER Receipt For: Aggregate Year-to-Date ▼ **General** Primary , 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period East Controls to Cosmittees by a former common tributable FEC ID number of contributing federal political committee. أنْ مومولاً بمكلاً إليه وراسيون أوسيل 4 مناذي معالى مكافي على المكاني من أما مكاني من Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) وبالمراز فأنتر والمستناف وتفاعلون والأمال والمعارف Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period a Mandamia et mafamianta desidinale FEC ID number of contributing federal political committee. والمراح وسيزكي وبربال بيسياك والواقات الاستعطام بين اقتمتها بينونا ليسترك والمساد Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE B (FEC Form 3X)

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) TAXPAGERS LEAGUE OF MINNESDTA LIBERTY FUND Full Name (Last, First, Middle Initial) A. KENT KAISEL Mailing Address 1409 MARJON STREET City State Zip Code SANNT PAUL MN 55117 Purpose of Disbursement REIMBURSEMENT: PAC EXPENSES Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Type Other (specify) Finany General Other (specify) Full Name (Last, First, Middle Initial)	ITEMIZED DISPLIPSEMENTS	Use separate schedule(s)	FOR LIN		IUMBER: PAGE / one)				, 0				
Any information copied from such Reports and Statements may not be exist or used by any person for the purpose of soliciting contributions for 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) NAME OF COMMITTEE (in Full) THE PARKES LEAGUE OF MINNE-DTR LIBERTY FUND Full Name (Last, First, Middle Initial) A. KENT KAISEL Mailing Address THO 9 MARJON SPREET Candidate Name Distoursement For: Banate Primary General Primary General Distoursement State: Distoursement Full Name (Last, First, Middle Initial) POBON LEWINGLE MAN 55117 Purpose of Disbursement fact: City State Zip Code SHITT PALL Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) POBON LEWINGLE MAN 55173 Full Name (Last, First, Middle Initial) POBON LEWINGLE MAN 55173 Full Name (Last, First, Middle Initial) C. Date of Disbursement Thouse Disbursement Thouse Disbursement Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Thouse Disbursement Thouse Disbursement Category' Type Office Sought: House Primary General Office Sought: Substrotal of Disbursement this Period Category' Type Office Sought: Substrotal of Disbursement This Page (optional) Substrotal of Disbursements This Page (optional) Substrotal of Disbursements This Page (optional)	I I EIVIIZED DISBURSEMEN IS		⋈ 2	1b [22	∟		\square	ш				
or for commercial purposes, other than using the name and address of any political contributions from such committee. NAME OF COMMITTEE (in Full) THYPOPERS LEAGUE OF MININE-DTA LIBERTY FULL Full Name (Last, First, Middle Initial) A. KENT KAISER Mailing Address Thy PALL STRIP PALL STRIP PALL Amount of Each Disbursement Inis Period Category' Type Candidate Name Category' Type City State Zip Code SHNT PALL Mailing Address City State Zip Code SHNT PALL Mailing Address City State Date of Disbursement Inis Period Category' Type Category Type Category	And information and discuss and David and David				L	II			-11		1		
THE NAME (Last, First, Middle Initial) A. KENT KHISEL Mailing Address JUD MARION STREET City State: Full Name (Last, First, Middle Initial) B. Persident Full Name (Last, First, Middle Initial) B. Persident Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) State: Full Name (Last, First, Middle Initial) State: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) State: Full Name (Last, First, Middle Initial) Category' Type Office Sought: Full Name Gategory' Office Sought: State: District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: President State: District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: President State: District: Substate: Sub													
A. A. KENT KAISEL Mailing Address JUD MAPLON STREET City State Zp Code SAINT PAUL MN 55117 Purpose of Disbursement Porsider State: Disbursement President State: Disbursement Amount of Each Disbursement this Period Category Type Date of Disbursement this Period Amount of Each Disbursement this Period Category Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement Date of Disbursement this Period Date of Disbursement this Period Category Type Office Sought: House President Date of Disbursement this Period Category Type Office Sought: House President Date of Disbursement this Period Date of Disbursement Date of Disbursement this Period Date of Disbursement Date of Disbursement this Period Date of Disbursement this	NAME OF COMMITTEE (In Full)												
A KENT KAUSCL Mailing Address 1409 MACAIN) SPACET City State Zip Code	/ TAXPAJERS LEAGUE OF	MINNESDTA LI	BERTY	Fl	UND								
Mailing Address Senate Primary General			_	\top	Data of	Dist) II C C	mon*					
Mailing Address HOUSE MACHON STELET									γ ":7√"		ý =;;		
City State Zip Code MN 55117 Purpose of Disbursement PLEMBUSENIENT: PAC EXPENSES Candidate Name Category Type Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. POSTMASTED Mailing Address I/O I COUNT 2000 B WEST City State Zip Code SYMNT PAUL Purpose of Disbursement PD BOX 2-2-3-7-2 FEE Candidate Name Disbursement District: Full Name (Last, First, Middle Initial) B. Category Type Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Category Type Office Sought: President District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category Type Office Sought: President District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category Type Office Sought: House President District: Category Type Office Sought: President Category Type Office Sought: Other (specify) Category Type Office Sought: Category Type Offic					<u> [[]</u>		2	6	20	0 8	3		
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PLIMBURSEMENT: PAC EXPENSES O.				_							,		
Office Sought: House Disbursement For: Senate President Dishretter Dish	REIMBURSEMENT: PAC EXPENS		' _										
Office Sought:	Candidate Name												
State: District: Other (specify)	Office Sought: House Disbursen	nent For:	rype	\dashv		. ;	,		· •	- •	•		
State: District: Full Name (Last, First, Middle Initial) B. POSTMASTEQ_ Mailing Address Unit County Aga B WEST		_ '											
B. POSTMASTEP Mailing Address Voll County Date of Disbursement		Otner (specify)											
Mailing Address OI COUNTY ROAD B WEST				+							·		
Mailing Address I vil County Load 8 WEST	B. POSTOARTED												
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Purpose of Disbursement PO BOX DENTAL FEE Candidate Name Category' Type Office Sought: House Primary General Other (specify) Purpose of Disbursement Category' Type District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Senate Primary General Other (specify) Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: Office Sought: President Other (specify) Type Office Sought: President This Page (optional)	1011 COUNTY ROAD B WEST	IUII COUNTY ROAD B WEST						rom Maria Emilia ya					
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Office Sought: House Senate President State: District: Senate President Other (specify) V State: District: District: District: Date of Disbursement For: Date of Disbursement Da	PO BOX RENVAL FEE			<u> </u>	THE THE REPORT OF THE PROPERTY								
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State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State: District: Subtrotal of Disbursements This Page (optional)	<u> </u>		71	\dashv		-	•			•	•		
State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	L. 1 1 L. 1	· L											
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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signat	ure Confirmation™ Label
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