

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

2. **FEC IDENTIFICATION NUMBER** C C00550707 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 through M M / D D / Y Y Y Y
04 / 01 / 2016 through 06 / 30 / 2016

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
09 / 12 / 2016

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

FEC Form 3 (Revised 02/2003)

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))....	69550.00	190189.74
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	69550.00	190189.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30205.63	132842.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	359.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30205.63	132483.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54953.37	
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).....	26833.71	

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).....	42720.00	130876.16
(ii) Unitemized.....	8130.00	33940.67
(iii) TOTAL of contributions from individuals ▶	50850.00	164816.83
(b) Political Party Committees.....	5500.00	5500.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) The Candidate.....	3200.00	9872.91
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	69550.00	190189.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	11583.52
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	11583.52
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	359.20
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)..... ▶	69550.00	202132.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30205.63	132842.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	8583.52
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	8583.52
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	3547.69	7507.99
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33753.32	148933.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19156.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	69550.00
25. SUBTOTAL (add Line 23 and Line 24).....	88706.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33753.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	54953.37

**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 68
	<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)
DUANE ALBERTS

Mailing Address 26724 535TH ST

City State Zip Code
PINE ISLAND MN 55963

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

Name of Employer Occupation
PINE SHELTER FARMS FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1812 SOUTHRIDGE RD

City State Zip Code
NEW ULM MN 56073

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11AI.6624

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 25455 STATE HWY 4

City State Zip Code
SLEEPY EYE MN 56085

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
861.16

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6863

Amount of Each Receipt this Period
300.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
SCOTT BERGS

Mailing Address 100 PARK PL

City MANKATO State MN Zip Code 56001

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

Name of Employer KEY CITY VENTURES Occupation STRATEGIC AND OPERATIONAL LEADER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6873

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1763 GILMORE AVE

City WINONA State MN Zip Code 55987

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2016

Transaction ID : SA11AI.6951

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1503 WESTERN AVE

City FARIBAULT State MN Zip Code 55021

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

Name of Employer HARRY BROWNS LTD Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 7 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
ALAN CAMERON

Mailing Address 2727 MERRIHILLS DR SW

City ROCHESTER State MN Zip Code 55902

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.6629

Amount of Each Receipt this Period
100.00

Memo Item

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6844

Amount of Each Receipt this Period
500.00

Memo Item

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6847

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1100.00

**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 8 OF 68
	<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)
JOAN CUMMINS

Mailing Address 18850 NORTHOME BLVD

City State Zip Code
DEEPHAVEN MN 55391

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

Name of Employer Occupation
NA HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.6712

Amount of Each Receipt this Period
1350.00

Memo Item

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

Mailing Address 18850 NORTHOME BLVD

City State Zip Code
DEEPHAVEN MN 55391

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

Name of Employer Occupation
PRIMERA TECHNOLOGY INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period
1350.00

Memo Item

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

Mailing Address 120 FOXWOOD CIRCLE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
DERGALIS ASSOCIATES, LLC INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6839

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2950.00

**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 68
	<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)
BRIAN DAVIS

Mailing Address 2734 FOXWOODS LN SW

City ROCHESTER State MN Zip Code 55902

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

Name of Employer MAYO CLINIC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.6627

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2734 FOXWOODS LN SW

City ROCHESTER State MN Zip Code 55902

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

Name of Employer MAYO CLINIC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6906

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MARIAN DE LEON

Mailing Address 108 E 9TH ST

City BLUE EARTH State MO Zip Code 56013

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.6729

Amount of Each Receipt this Period
100.00

Memo Item

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 10 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
RANDY DEMMER

Mailing Address 502 2ND ST NE

City HAYFIELD State MN Zip Code 55940

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

Name of Employer CONSTRUCTION VENTURES, INC. Occupation BUSINESS OPERATIONS SPECIALIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6821

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 201 PALANCAR AVE

City MANKATO State MN Zip Code 56001

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

Name of Employer MAYO CLINIC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6851

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
G.M. ENGER

Mailing Address 116 E 4TH ST

City BLUE EARTH State MN Zip Code 56013

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

Name of Employer SELF Occupation APPRAISER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6850

Amount of Each Receipt this Period
250.00

Memo Item

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: PAGE 11 OF 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
WILLIAM ERICKSON

Mailing Address 1224 SOUTH RAMSEY

City State Zip Code
BLUE EARTH MN 56013

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

Name of Employer Occupation
FIRST FINANCIAL BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 28 2016

Transaction ID : SA11AI.6869

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 205 PALANCOR AVE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
SELF FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2016

Transaction ID : SA11AI.6921

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 53796 194TH LN

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 28 2016

Transaction ID : SA11AI.6708

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 12 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

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

Mailing Address 15135 550TH AVE

City State Zip Code
GOOD THUNDER MN 56037

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6866

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 14259 550TH AVE

City State Zip Code
GOOD THUNDER MN 56037

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

Name of Employer Occupation
PROTEIN SOURCES GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6919

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 60120 206TH ST

City State Zip Code
EAGLE LAKE MN 56024

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

Name of Employer Occupation
SELF VETERNARIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6908

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

3000.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 68

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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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6842

Amount of Each Receipt this Period
 100.00

Memo Item

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6843

Amount of Each Receipt this Period
 150.00

Memo Item

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6841

Amount of Each Receipt this Period
 1000.00

Memo Item

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 14 OF 68
	<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)
RICHARD FITZSIMMONS

Mailing Address 14445 550TH AVE

City State Zip Code
GOOD THUNDER MN 56037

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

Name of Employer Occupation
PROTEIN SOURCES PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11AI.6899

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 56246 164TH ST

City State Zip Code
GOOD THUNDER MN 56037

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

Name of Employer Occupation
TOM FITZSIMMONS CONSTRUCTION CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6848

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 560 DEBRA DR
BOX 607

City State Zip Code
LEWISTON MN 55952

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

Name of Employer Occupation
SELF DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6826

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 15 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
DONNA FOSTER

Mailing Address 2521 30TH AVE SE

City ROCHESTER State MN Zip Code 55904

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

Name of Employer L R FALK Occupation TRUCK DRIVER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.6900

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address PO BOX 182

City HANSVILLE State WA Zip Code 98340

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : SA11AI.6790

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

Mailing Address PO BOX 63

City BLUE EARTH State MN Zip Code 56013

FEC ID number of contributing federal political committee. **C** H0MN01045

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 21746.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6907

Amount of Each Receipt this Period
 _____ 10.00

Memo Item

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

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

_____ 310.00

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

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

FOR LINE NUMBER: PAGE 16 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
MARK HANSEN

Mailing Address 2386 210TH AVE

City State Zip Code
TRUMAN MN 56088

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ROBERT HANSEN SR.

Mailing Address 6048 CHASEWOOD PARKWAY, APT 202

City State Zip Code
MINNETONKA MN 55343

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

Name of Employer Occupation
HANSEN ENGINE TECHNOLOGIES, IN CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11AI.6569

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 103 MONTGOMERY ST

City State Zip Code
WELCOME MN 56181

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : SA11AI.6806

Amount of Each Receipt this Period
200.00

Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 17 OF 68
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JOHN HOLLERICH

Mailing Address 308 SMITH COURT

City State Zip Code
MAPLETON MN 56065

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

Name of Employer Occupation
PROTEIN SOURCES PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6924

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 235 COUNTY RD 51

City State Zip Code
JACKSON MT 56143

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

Name of Employer Occupation
JACKSON COUNTY COUNTY COMMISSIONER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 235 COUNTY RD 51

City State Zip Code
JACKSON MN 56143

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

Name of Employer Occupation
FULL TILT PERFORMANCE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
GREGORY JENKINS

Mailing Address 35481 170TH ST

City WINNEBAGO State MN Zip Code 56098

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6881

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address PO BOX 1896

City NO MANKATO State MN Zip Code 56002

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

Name of Employer JOHNSON LAW OFFICE Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6864

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 10660 PRAIRIE LN

City HANOVER State MN Zip Code 55341

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

Name of Employer K-MFG Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.6633

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 19 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
PENNY KAUFFMAN

Mailing Address 10660 PRAIRIE LN

City HANOVER State MN Zip Code 55341

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

Name of Employer C.P. PROPERTIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.6635

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5225 MEADOW CROSSING RD SW

City ROCHESTER State NV Zip Code 55902

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.6752

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO BOX 302

City WINONA State MN Zip Code 55987

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2016

Transaction ID : SA11AI.6641

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

2500.00

**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 20 OF 68
	<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)
ROBERT KREKLAU

Mailing Address 2117 BARGAMIN LOOP

City State Zip Code
CROZET VA 22932

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2016

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2117 BARGAMIN LOOP

City State Zip Code
CROZET VA 22932

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2016

Transaction ID : SA11AI.6885

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LARRY D LARSON

Mailing Address 32910 640TH AVE

City State Zip Code
SARGEANT MN 55973

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

Name of Employer Occupation
LARSON PRODUCTS, INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6820

Amount of Each Receipt this Period
250.00

Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 21 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

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

Mailing Address 909 9TH AVE N

City ST JAMES State MN Zip Code 56081

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

Name of Employer SELF Occupation TRUCKING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6845

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 4460 WASHINGTON BLVD

City MADISON LAKE State MN Zip Code 56063

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.6895

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 1569 SHERWOOD DR

City MANKATO State MN Zip Code 56001

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6860

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

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

_____ 750.00

**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 22 OF 68
	<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)
ANDREW MICHALETZ

Mailing Address 3280 PARK DRIVE

City: OWATONNA State: MN Zip Code: 55060

FEC ID number of contributing federal political committee: C

Name of Employer: POLY PLASTICS Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 28 / 2016

Transaction ID : SA11AI.6838

Amount of Each Receipt this Period: 1000.00

Memo Item

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

Mailing Address 18930 JASMINE RD

City: MANKATO State: MN Zip Code: 56001

FEC ID number of contributing federal political committee: C

Name of Employer: NA Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 28 / 2016

Transaction ID : SA11AI.6856

Amount of Each Receipt this Period: 250.00

Memo Item

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

Mailing Address PO BOX 30099

City: WINONA State: MN Zip Code: 55987

FEC ID number of contributing federal political committee: C

Name of Employer: RTP CO Occupation: MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2016

Transaction ID : SA11AI.6948

Amount of Each Receipt this Period: 1000.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 23 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 997 15TH ST E

City State Zip Code
ST CHARLES MN 55972

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

Name of Employer Occupation
MIKE'S FOOD CENTER OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6818

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 48943 182 ST

City State Zip Code
LAKE CRYSTAL MN 56055

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

Name of Employer Occupation
ABSOLUTE BUSINESS CONSULTING BUSINESS ANALYST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6879

Amount of Each Receipt this Period
260.00

Memo Item

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

Mailing Address 405 AUGUST HILLS DRIVE

City State Zip Code
LA CRESCENT MN 55947

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

Name of Employer Occupation
DIGICOM, INC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period
400.00

Memo Item

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

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

910.00

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

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

FOR LINE NUMBER: PAGE 24 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
FRED NOBREGA

Mailing Address 1118 SKYLINE DR

City State Zip Code
ROCHESTER MN 55902

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 15330 580TH AVE

City State Zip Code
WELLS MN 56097

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

Name of Employer Occupation
OWNER NOWAK AG CONSULTING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6862

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 3105 SANDY HOOK DR

City State Zip Code
ROSEVILLE MN 55113

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

Name of Employer Occupation
DART TRANSPORT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6892

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

3200.00

**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 25 OF 68
	<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)
DONNA PARNELL

Mailing Address 3605 CEDAR CREEK COURT

City State Zip Code
FAIRMONT MN 56031

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

Name of Employer Occupation
DULCIMER MEDICAL CENTER MEDICAL TECHNICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HANH-HUY PHAN

Mailing Address 224 EMERSON LANE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
MINNESOTA STATE UNIVERSITY ETHNIC STUDIES DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11AI.6896

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10674 COUNTY 249

City State Zip Code
CALEDONIA MN 55921

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

Name of Employer Occupation
MUTUAL OF OMAHA FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6831

Amount of Each Receipt this Period
400.00

Memo Item

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 26 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2016

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period
 100.00

Memo Item

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.6625

Amount of Each Receipt this Period
 100.00

Memo Item

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2016

Transaction ID : SA11AI.6739

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 27 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
MICHAEL RAMY

Mailing Address PO BOX 1356

City MANKATO State MN Zip Code 56001

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

Name of Employer RAMY TURF PRODUCTS Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6858

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 16144 COUNTY RD 6

City UTICA State MN Zip Code 55979

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6816

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEWIS REIMAN JR.

Mailing Address 16144 COUNTY RD 6

City UTICA State MN Zip Code 55979

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6815

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

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

_____ 450.00

**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 28 OF 68
	<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)
DANIEL ROBINSON

Mailing Address 170 GREENWOOD DR

City MANKATO State MN Zip Code 56001

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

Name of Employer LIDSTROM COMMERCIAL REALTORS Occupation REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6877

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

Mailing Address 229 WOODHILL CT

City MANKATO State MN Zip Code 56001

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

Name of Employer LINDSAY WINDOWS Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6867

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

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

Mailing Address 1605 NORTHRIDGE LANE

City NO MANKATO State MN Zip Code 56003

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

Name of Employer LINDSAY WINDOW & SASH Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 1800.00

**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 29 OF 68
	<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)
JULIE ROSEN

Mailing Address **PO BOX 428**

City **VERNON CENTER** State **MN** Zip Code **56090**

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

Name of Employer **STATE OF MINNESOTA** Occupation **SENATOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6945

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address **49633 STATE HWY 30**

City **AMBOY** State **MN** Zip Code **56010**

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

Name of Employer **DAVE SANDERS TRUCKING** Occupation **TRUCKING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address **51 WILDRIDGE ROAD**

City **MAHTOMEDI** State **MN** Zip Code **55115**

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

Name of Employer **ACCENTURE** Occupation **BUSINESS DEVELOPMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : SA11AI.6809

Amount of Each Receipt this Period
250.00

Memo Item

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: PAGE 30 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JAMES SCHUMANN

Mailing Address 12120 COUNTY ROAD 9

City State Zip Code
EYOTA MN 55934

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

Name of Employer Occupation
SCHUMANN FARMS PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6824

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4306 SUNNYSIDE RD

City State Zip Code
EDINA MN 55424

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

Name of Employer Occupation
SEATON, PETERS, & REVNEW ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.6715

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 222 TERRACE VIEW W

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
MINNESOTA FINANCIAL SERVICES ASSOCIATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6875

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 31 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
RANDALL SPRONK

Mailing Address 866 130TH AVE

City PIPESTONE State MN Zip Code 56164

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.6714

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 603 LAKE ST

City NO MANKATO State MN Zip Code 56003

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

Name of Employer EXCLUSIVELY DIAMONDS Occupation CONTROLLER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6920

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 45612 380TH ST

City NICOLLET State MN Zip Code 56074

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6865

Amount of Each Receipt this Period
 150.00

Memo Item

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 32 OF 68
	<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)
TERRY THRONDSO

Mailing Address 512 PORTLAND CT NE

City ROCHESTER State MN Zip Code 55996

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

Name of Employer THRONDSO OIL Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6829

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 40301 STATE HWY 22

City ST. PETER State MN Zip Code 56082

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

Name of Employer SELF Occupation AUCTIONEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6853

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 103 E CENTRAL AVE

City EDGERTON State MN Zip Code 56128

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

Name of Employer NA Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period
50.00

Memo Item

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

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

650.00

**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 33 OF 68
	<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)
WESLEY VOGT

Mailing Address 301 N 3RD ST

City State Zip Code
TRUMAN MN 56088

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 05 / 2016

Transaction ID : SA11AI.6570

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 2279 NORTHGRIDGE DR

City State Zip Code
NO MANKATO MN 56003

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

Name of Employer Occupation
WALETICH TRANSPORTATION OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11AI.6894

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 52697 VALLEY VIEW CIRCLE

City State Zip Code
NO MANKATO MT 56003

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6946

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 34 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
SCOTT WEILAGE

Mailing Address 52899 MINNEWAUKOR

City State Zip Code
NO MANKATO MN 56002

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

Name of Employer Occupation
WEILAGE ADVISORY GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6870

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2227 7TH ST NW

City State Zip Code
ROCHESTER MN 55901

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

Name of Employer Occupation
WEIS BUILDERS, INC CHAIRMAN EMERITUS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6817

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NADINE WICKERSHAM-KRULL

Mailing Address 210 QUEENS DR

City State Zip Code
BLUE EARTH MN 56013

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.6891

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
GERALD WOODLEY

Mailing Address 1923 CRESTVIEW DR

City State Zip Code
NEW ULM MN 56073

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : SA11AI.6807

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 104 WOODHILL TRAIL

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
WORKMAN RETIREMENT PLAN OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.6883

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO BOX 522

City State Zip Code
FROST MN 56033

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

Name of Employer Occupation
SELF FURRIER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2016

Transaction ID : SA11AI.6745

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2000.00

42720.00

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

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

FOR LINE NUMBER: PAGE 36 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
BLUE EARTH COUNTY RPM

Mailing Address PO BOX 4422

City MANKATO State MN Zip Code 56002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6926

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
BROWN COUNTY RPM

Mailing Address 519 N MINNESOTA ST

City NEW ULM State MN Zip Code 56073

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6743

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
FARIBAUT COUNTY REPUBLICANS

Mailing Address 20472 360TH AVE

City WINNEBAGO State MN Zip Code 56098

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6637

Amount of Each Receipt this Period

Memo Item

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

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

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

Form/Schedule: SA11B

Transaction ID : SA11B.6926

PERMISSIBLE FUNDS

Form/Schedule: SA11B

Transaction ID: SA11B.6743

PERMISSIBLE FUNDS

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

Form/Schedule: SA11B

Transaction ID : SA11B.6637

PERMISSIBLE FUNDS

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 39 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
FILMORE COUNTY REPUBLICANS

Mailing Address 709 CALHOUN ST

City Lanesboro State MN Zip Code 55949

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6835

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
FREEBORN COUNTY REPUBLICANS

Mailing Address PO BOX 1037

City Albert Lea State MN Zip Code 56007

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6775

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
JACKSON COUNTY REPUBLICAN PARTY

Mailing Address 1548 GRANT ST

City Jackson State MN Zip Code 56143

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6699

Amount of Each Receipt this Period

Memo Item

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

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

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

Form/Schedule: SA11B

Transaction ID : SA11B.6835

PERMISSIBLE FUNDS

Form/Schedule: SA11B

Transaction ID: SA11B.6775

PERMISSIBLE FUNDS

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

Form/Schedule: SA11B

Transaction ID : SA11B.6699

PERMISSIBLE FUNDS

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 42 OF 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
LE SUEUR COUNTY REP COMM

Mailing Address

City State Zip Code
LE CENTER MN 56057

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6925

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
MARTIN COUNTY REPUBLICANS

Mailing Address 2106 210TH ST

City State Zip Code
TRUMAN MN 56088

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6950

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
NICOLLET COUNTY RPM

Mailing Address PO BOX 111

City State Zip Code
ST PETER MN 56082

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11B.6709

Amount of Each Receipt this Period

Memo Item

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

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

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

Form/Schedule: SA11B

Transaction ID : SA11B.6925

PERMISSIBLE FUNDS

Form/Schedule: SA11B

Transaction ID: SA11B.6950

PERMISSIBLE FUNDS

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

Form/Schedule: SA11B

Transaction ID : SA11B.6709

PERMISSIBLE FUNDS

Form/Schedule:

Transaction ID:

**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 45 OF 68
	<input type="checkbox"/> 11a 12 <input checked="" 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)
WATONWAN COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 167

City ST JAMES State MN Zip Code 56081

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11B.6922

Amount of Each Receipt this Period
600.00

Memo Item

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

Memo Item

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

Memo Item

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

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

600.00

5500.00

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

Form/Schedule: SA11B

Transaction ID : SA11B.6922

PERMISSIBLE FUNDS

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 47 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
FREEDOM CLUB FEDERAL PAC

Mailing Address PO BOX 416

City State Zip Code
CHAMPLIN MN 55316

FEC ID number of contributing federal political committee. **C** C00307777

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.6651

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FREEDOM CLUB FEDERAL PAC

Mailing Address PO BOX 416

City State Zip Code
CHAMPLIN MN 55316

FEC ID number of contributing federal political committee. **C** C00307777

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.6653

Amount of Each Receipt this Period
5000.00

Memo Item

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

Memo Item

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

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

10000.00

10000.00

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

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

FOR LINE NUMBER:		PAGE 48 OF 68	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
12	13a	13b	14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JAMES HAGEDORN

Mailing Address **PO BOX 63**

City **BLUE EARTH** State **MN** Zip Code **56013**

FEC ID number of contributing federal political committee. **C HOMN01045**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
24246.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11D.6979

Amount of Each Receipt this Period
2500.00

Memo Item
 In-kind - Mileage

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

Mailing Address **PO BOX 63**

City **BLUE EARTH** State **MN** Zip Code **56013**

FEC ID number of contributing federal political committee. **C HOMN01045**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
24946.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11D.6981

Amount of Each Receipt this Period
700.00

Memo Item
 In-kind - Meals and Postage

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

Memo Item

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

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

3200.00

3200.00

**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 49 OF 68	
	<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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 5555 HILTON AVE SUITE 106		Amount of Each Disbursement this Period 270.93
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CREDIT CARD FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6970
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MICHAEL BRYAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 1500 OLD COMPTON ROAD		Amount of Each Disbursement this Period 500.00
City HENRICO	State VA	
Zip Code 23238	Purpose of Disbursement WEB DESIGN	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6676
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MICHAEL BRYAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 1500 OLD COMPTON ROAD		Amount of Each Disbursement this Period 500.00
City HENRICO	State VA	
Zip Code 23238	Purpose of Disbursement WEB DESIGN	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6682
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1270.93
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 50 OF 68	
	<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. MICHAEL BRYAN			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 1500 OLD COMPTON ROAD			Amount of Each Disbursement this Period 500.00	
City HENRICO	State VA	Zip Code 23238	Memo Item <input type="checkbox"/>	
Purpose of Disbursement WEB DESIGN		Category/ Type		
Candidate Name			Transaction ID : SB17.6955	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. MICHAEL BRYAN			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016	
Mailing Address 1500 OLD COMPTON ROAD			Amount of Each Disbursement this Period 500.00	
City HENRICO	State VA	Zip Code 23238	Memo Item <input type="checkbox"/>	
Purpose of Disbursement WEB DESIGN		Category/ Type		
Candidate Name			Transaction ID : SB17.6959	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 04 / 11 / 2016	
Mailing Address 125 FALCON DR			Amount of Each Disbursement this Period 535.00	
City MANKATO	State MN	Zip Code 56001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type		
Candidate Name			Transaction ID : SB17.6669	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	1535.00
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 51 OF 68	
	<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 04 / 14 / 2016
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2500.00
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6672
State: District:		

Full Name (Last, First, Middle Initial) B. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 517.75
City MANKATO State MN Zip Code 56001	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6677
State: District:		

Full Name (Last, First, Middle Initial) C. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2500.00
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6686
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5517.75
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 52 OF 68	
	<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 MM / DD / YYYY 06 / 10 / 2016
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 820.00
City MANKATO State MN Zip Code 56001	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6954
State: District:		

Full Name (Last, First, Middle Initial) B. LON FIRCHAU		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2500.00
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6957
State: District:		

Full Name (Last, First, Middle Initial) C. GO DADDY		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 14455 NORTH HAYDEN RD		Amount of Each Disbursement this Period 358.98
City SCOTTSDALE State AZ Zip Code 85260	Purpose of Disbursement DOMAIN NAMES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6691
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3678.98
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 53 OF 68	
	<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 04 / 15 / 2016
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 2000.00
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6952
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 01		

Full Name (Last, First, Middle Initial) B. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 239.43
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6962
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 06 / 30 / 2016
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 2500.00
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement In-kind - Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6980
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional).....	4739.43
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 54 OF 68	
	<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 06 / 30 / 2016
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 700.00
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement In-kind - Meals and Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6982
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 01	

Full Name (Last, First, Middle Initial) B. JAMES HAHN		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 226 S FRANKLIN ST		Amount of Each Disbursement this Period 2500.00
City NEW ULM	State MN	
Zip Code 56073	Purpose of Disbursement CAMPAIGN STAFF	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6673
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. HARPER POLLING LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 121 STATE STREET		Amount of Each Disbursement this Period 4342.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement POLLING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6690
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	7542.00
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 55 OF 68	
	<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. DOUGLAS R HITZEMANN		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 148 LYNX LN		Amount of Each Disbursement this Period 182.25
City MANKATO State MN Zip Code 56001	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6667
State: District:		

Full Name (Last, First, Middle Initial) B. DOUGLAS R HITZEMANN		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 148 LYNX LN		Amount of Each Disbursement this Period 1490.00
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6674
State: District:		

Full Name (Last, First, Middle Initial) C. DOUGLAS R HITZEMANN		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 148 LYNX LN		Amount of Each Disbursement this Period 735.00
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6687
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2407.25
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 56 OF 68	
	<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. DOUGLAS R HITZEMANN		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 148 LYNX LN		Amount of Each Disbursement this Period 480.00
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN STAFF	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6958
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 200W 1ST STREET		Amount of Each Disbursement this Period 271.04
City DULUTH	State MN	
Zip Code 55802	Purpose of Disbursement LODGING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6680
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 04 / 12 / 2016
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 99.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB MANAGEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6671
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	850.04
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 57 OF 68	
	<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 05 / 09 / 2016
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 99.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB MANAGEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6678
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 06 / 10 / 2016
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 149.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB MANAGEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6953
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. P2B STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 4750 E 53RD ST SUITE 206		Amount of Each Disbursement this Period 200.00
City MINNEAPOLIS	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN CONSULTANT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.6683
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	448.00
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 58 OF 68	
	<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. P2B STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 4750 E 53RD ST SUITE 206		Amount of Each Disbursement this Period 552.52
City MINNEAPOLIS	State MN Zip Code 56001	
Purpose of Disbursement CAMPAIGN STICKERS	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.6693

Full Name (Last, First, Middle Initial) B. PURCELL CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address PO BOX 43		Amount of Each Disbursement this Period 75.00
City ANNANDALE	State MN Zip Code 55302	
Purpose of Disbursement FUND RAISING CONSULTANT	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.6675

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address		Amount of Each Disbursement this Period 400.29
City MANKATO	State MN Zip Code 56001	
Purpose of Disbursement POSTAGE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.6692

SUBTOTAL of Disbursements This Page (optional).....	1027.81
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 59 OF 68	
	<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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2016
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 264.88
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement CELL PHONE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6668
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 309.87
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement CELL PHONE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6679
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 294.87
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement CELL PHONE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6956
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	869.62
TOTAL This Period (last page this line number only).....	29886.81

**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 60 OF 68
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. BLUE EARTH GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 113 NORTH MAIN ST		Amount of Each Disbursement this Period 2854.60
City BLUE EARTH State MN Zip Code 56013	Purpose of Disbursement PRINTING	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.6662
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BLUE EARTH GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 113 NORTH MAIN ST		Amount of Each Disbursement this Period 693.09
City BLUE EARTH State MN Zip Code 56013	Purpose of Disbursement PRINTING	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.6663
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3547.69
TOTAL This Period (last page this line number only).....	3547.69

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4646**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JAMES HAGEDORN** *PERSONAL FUNDS* Memo Item
 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
3000.00	0.00	3000.00

TERMS
 Date Incurred: M 07 / D 29 / Y 2014
 Date Due: M / D / Y Y Y Y
 Interest Rate: % (apr)
 Secured: 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)..... ▶ 3000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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/10.4647

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
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
3500.00 0.00 3500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 30 / Y 2014 M M / D D / Y Y Y Y % (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)..... ▶ 3500.00
TOTALS This Period (last page in this line only)..... ▶

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

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/10.4661

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
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 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS

Date Incurred: M 08 / D 05 / Y 2014
Date Due: M M / D D / Y Y Y Y
Interest Rate: % (apr)
Secured: 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)..... ▶ 6000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.5310**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JAMES HAGEDORN** *PERSONAL FUNDS* Memo Item
 Mailing Address: PO BOX 63
 Election: 2014
 Primary
 General
 Other (specify) ▼

City: BLUE EARTH State: MN ZIP Code: 56013

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS
 Date Incurred: M 10 / D 24 / Y 2014
 Date Due: M / D / Y
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 7500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.5627**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JAMES HAGEDORN** *PERSONAL FUNDS* Memo Item
 Mailing Address: PO BOX 63
 Election: 2014
 Primary
 General
 Other (specify) ▼

City: BLUE EARTH State: MN ZIP Code: 56013

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS
 Date Incurred: M 11 / D 10 / Y 2014
 Date Due: M / D / Y
 Interest Rate: 0.00 % (apr)
 Secured: 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) ▶ 1500.00
TOTALS This Period (last page in this line only) ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.5633**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **JAMES HAGEDORN** Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 63
 City BLUE EARTH State MN ZIP Code 56013

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS
 Date Incurred: M 11 / D 17 / Y 2014
 Date Due: M / D / Y Y Y Y
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	23000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLUE EARTH CUSTOM EMBROIDERY	Nature of Debt (Purpose): TEE SHIRTS
Mailing Address 113 S MAIN ST	
City BLUE EARTH State MN Zip Code 56013	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.6974	
Amount Incurred This Period <input type="text" value="340.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="340.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLUE EARTH GRAPHICS	Nature of Debt (Purpose): PRINTING
Mailing Address 113 NORTH MAIN ST	
City BLUE EARTH State MN Zip Code 56013	

Outstanding Balance Beginning This Period <input type="text" value="3547.69"/>	Transaction ID : SD10.6558	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3547.69"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLUE EARTH GRAPHICS	Nature of Debt (Purpose): PRINTING
Mailing Address 113 NORTH MAIN ST	
City BLUE EARTH State MN Zip Code 56013	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.6971	
Amount Incurred This Period <input type="text" value="390.90"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="390.90"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="730.90"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CANADIAN HONKER EVENTS AT APACHE	Nature of Debt (Purpose): CAMPAIGN EVENT
Mailing Address 1517 16TH STREET SW	
City State Zip Code ROCHESTER MN 55902	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6972	
Amount Incurred This Period 1099.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 1099.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HILTON GARDEN INN	Nature of Debt (Purpose): CAMPAIGN EVENT
Mailing Address 20 CIVIC CENTER PLAZA	
City State Zip Code MANKATO MN 56001	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6977	
Amount Incurred This Period 1496.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 1496.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VERIZON WIRELESS	Nature of Debt (Purpose): CELL PHONE
Mailing Address PO BOX 4002	
City State Zip Code ACWORTH GA 30101	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6976	
Amount Incurred This Period 507.36	Payment This Period 0.00	Outstanding Balance at Close of This Period 507.36

1) SUBTOTALS This Period This Page (optional)	3102.81
2) TOTALS This Period (last page this line number only)	3833.71
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	23000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	26833.71