

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2011 OCT 10 10:00 AM

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: if typing, type over the lines.

12 FEB 9 2005

Taxpayers League of Minnesota Liberty Fund

ADDRESS (number and street)

P.O. Box 130353

Check if different than previously reported. (AGC)

St. Paul

MINN

55113-0003

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00339473

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Date On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

6. Covering Period

03/01/2004

through

09/30/2004

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

Marleen Smith

Signature of Treasurer

Marleen Smith

Date

10/13/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Taxpayers League of Minnesota Liberty Fund

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>6.67</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>2.10</u>	
(c) Total Receipts (from Line 18)	<u>6,350.00</u>	<u>6,370.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>6,352.10</u>	<u>6,376.67</u>
7. Total Disbursements (from Line 31)	<u>2,071.95</u>	<u>2,196.52</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>4,180.15</u>	<u>4,180.15</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>5,038.00</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 11A)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-3530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Taxpayers League of Minnesota Liberty Fund

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6,250.00	6,250.00
(ii) Unitemized.....	0.00	20.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6,250.00	6,270.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Total to Line 38, page 5).....▶	6,250.00	6,270.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 17, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6,250.00	6,270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,250.00	6,270.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	7195	19652
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7195	19652
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	2000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	207195	219652
32. Total Federal Disbursements (subtract Line 21(e)(ii) and Line 30(c)(ii) from Line 31)	207195	219652

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

Use separate schedule(s) for each category of the Detailed Summary Page.	FOR LINE NUMBER:		PAGE / OF	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
Taxpayers League of Minnesota Liberty Fund

Full Name (Last, First, Middle Initial)
A. Madden, Bartley J. + Maricela

Mailing Address
28 S. Loomis St

City
Naperville State
IL Zip Code
60540

FEC ID number of contributing federal political committee.
C

Name of Employer
← Requested

Occupation
← Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10,000.00

Date of Receipt
09 25 2004

Amount of Each Receipt this Period
1,000.00

Full Name (Last, First, Middle Initial)
B. Waggoner Robert C. + Mary Ellen

Mailing Address
284 Boulevard

City
Mountain Lakes State
NT Zip Code
07046

FEC ID number of contributing federal political committee.
C

Name of Employer
← Requested

Occupation
← Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 25 2004

Amount of Each Receipt this Period
250.00

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

Mailing Address
3022 Springridge Dr.

City
Colorado Springs State
CO Zip Code
80906

FEC ID number of contributing federal political committee.
C

Name of Employer
← Requested

Occupation
← Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 25 2004

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **6,250.00**

TOTAL This Period (last page title line number only) ▶ **6,250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	

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)
Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial) *Mark Kennedy for Congress*

Mailing Address *P.O. Box 49333*

City *Blaine MN* State *MN* Zip Code *55449*

Purpose of Disbursement *Political Contribution* Category/Type *011*

Candidate Name *Mark Kennedy*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: *MN* District: *6a*

Date of Disbursement *09/30/2004*

Amount of Each Disbursement This Period *2,000.00*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State District

Date of Disbursement

Amount of Each Disbursement This Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State District

Date of Disbursement

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) *2,000.00*

TOTAL This Period (last page this line number only) *2,000.00*

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (in Full)
Taxpayers League of Minnesota Liberty Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Church Offset Printing</i>		Nature of Debt (Purpose): <i>Letter head, Envelopes</i>	
Mailing Address <i>1983 Sloan Place Suite 11</i>			
City <i>St. Paul</i>	State <i>MN</i>	Zip Code <i>55117</i>	
Outstanding Balance Beginning This Period <i>503.84</i>		Outstanding Balance at Close of This Period <i>503.84</i>	
Amount Incurred This Period <i>0</i>	Payment This Period <i>0</i>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Smith, Marleen</i>		Nature of Debt (Purpose): <i>Postage</i>	
Mailing Address <i>900 Scenic Ct</i>			
City <i>Shoreview</i>	State <i>MN</i>	Zip Code <i>55126</i>	
Outstanding Balance Beginning This Period <i>54.60</i>		Outstanding Balance at Close of This Period <i>0</i>	
Amount Incurred This Period <i>17.35</i>	Payment This Period <i>71.95</i>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	<i>503.84</i>
2) TOTALS This Period (last page this line number only)	<i>503.84</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>503.84</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 10-18-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JM PREPARER	10-18-04 DATE PREPARED