

# 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

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00550707

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

07 / 21 / 2016

through

M M / D D / Y Y Y Y

09 / 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.

HITZEMANN, DOUGLAS R, , ,

Type or Print Name of Treasurer

Signature of Treasurer

HITZEMANN, DOUGLAS R, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF HAGEDORN**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	80877.27	277687.01
(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)).....	80877.27	277687.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	59037.10	213796.62
(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)).....	59037.10	213437.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54662.68	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	20000.00	

**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**FRIENDS OF HAGEDORN**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	68734.27	202760.43
(ii) Unitemized .....	9393.00	44903.67
(iii) TOTAL of contributions from individuals .....	78127.27	247664.10
(b) Political Party Committees.....	1250.00	8650.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) The Candidate .....	1500.00	11372.91
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	80877.27	277687.01
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	359.20
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	80877.27	289629.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59037.10	213796.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	3000.00	11583.52
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	3000.00	11583.52
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 .....	0.00	11341.70
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	62037.10	236721.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35822.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	80877.27
25. SUBTOTAL (add Line 23 and Line 24).....	116699.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62037.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	54662.68

**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 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**AHRENS, CRAIG, , ,**

Mailing Address PO BOX 246

City HERON LAKE	State MN	Zip Code 56137
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FEC ID number of contributing federal political committee. **C**

Name of Employer US ARMY RESERVE	Occupation UNIT ADMINISTRATOR
-------------------------------------	----------------------------------

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  
 09 / 08 / 2016

**Transaction ID : SA11AI.7409**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address PO BOX 246

City HERON LAKE	State MN	Zip Code 56137
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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  
 09 / 28 / 2016

**Transaction ID : SA11AI.7619**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item

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

Mailing Address 1853 EDGEWOOD ROAD

City WINONA	State MN	Zip Code 55987
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FEC ID number of contributing federal political committee. **C**

Name of Employer DCM TEC	Occupation OWNER
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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  
 08 / 19 / 2016

**Transaction ID : SA11AI.7244**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 6 OF 79  
(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)  
**ARSERS, SAMUEL, , ,**  
 Mailing Address 1812 SOUTHRIDGE RD  
 City NEW ULM State MN Zip Code 56073  
 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 ▼  
 1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2016  
**Transaction ID : SA11AI.7394**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ARSERS, SAMUEL, , ,**  
 Mailing Address 1812 SOUTHRIDGE RD  
 City NEW ULM State MN Zip Code 56073  
 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 ▼  
 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2016  
**Transaction ID : SA11AI.7367**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BARTZ, GREGORY, , ,**  
 Mailing Address 25455 STATE HWY 4  
 City SLEEPY EYE State MN Zip Code 56085  
 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 ▼  
 1021.89

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016  
**Transaction ID : SA11AI.7644**  
 Amount of Each Receipt this Period  
 160.73  
 Memo Item  
 In-kind - Sign

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 660.73  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

Mailing Address 25455 STATE HWY 4

City SLEEPY EYE	State MN	Zip Code 56085
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation FARMER
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1271.89

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

**Transaction ID : SA11AI.7366**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address PO BOX 323

City HANSKA	State MN	Zip Code 56041
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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 ▼  
254.54

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 04 / 2016

**Transaction ID : SA11AI.7185**

Amount of Each Receipt this Period  
254.54

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BOSSE, STACIE, , ,**

Mailing Address 60171 JESSICA DR

City MADISON LAKE	State MN	Zip Code 56063
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation HOMEMAKER
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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
09 / 27 / 2016

**Transaction ID : SA11AI.7605**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	754.54
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**BRADLEY, DANIEL, , ,**

Mailing Address 906 DENNIS AVE

City SILVER SPRINGS	State MD	Zip Code 20901
------------------------	-------------	-------------------

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

Name of Employer INTERNATIONAL PLATE PRINTERS	Occupation PRESIDENT
--	-------------------------

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
08 / 24 / 2016

**Transaction ID : SA11AI.7258**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BREITBARTH, JULEEN, , ,**

Mailing Address 2579 STELLA COURT

City FAIRMONT	State MN	Zip Code 56031
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation MUSIC INSTRUCTOR
--------------------------	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
254.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 04 / 2016

**Transaction ID : SA11AI.7176**

Amount of Each Receipt this Period  
154.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BREITBARTH, NEAL, , ,**

Mailing Address 2579 STELLA COURT

City FAIRMONT	State MN	Zip Code 56031
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FEC ID number of contributing federal political committee. **C**

Name of Employer AG INDUSTRIAL	Occupation OWNER
-----------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

**Transaction ID : SA11AI.7365**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	904.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 79  
(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)  
**BREITBARTH, PAUL, , ,**  
 Mailing Address 6938 NE HALBROOK LN  
 City ANKENY State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SALES Occupation POWER SYSTEMS  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : SA11AI.7453**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BRISTOL, LONNIE, , ,**  
 Mailing Address 870 MADISON AVE  
 City MANKATO State MN Zip Code 56001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM INSURANCE Occupation 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  
 09 / 08 / 2016  
**Transaction ID : SA11AI.7358**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BROWN, DONALD, , ,**  
 Mailing Address 10113 W 34TH STREET  
 City HOPKINS State MN Zip Code 55305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARGILL INC. Occupation GOVERNMENT RELATIONS  
 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  
 08 / 04 / 2016  
**Transaction ID : SA11AI.7189**  
 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)..... ▶

700.00

**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 79  
(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)  
**CAMERON, ALAN, , ,**  
 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 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2016  
**Transaction ID : SA11AI.7399**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CAMPE, JOHN, , ,**  
 Mailing Address 39342 COUNTY RD 8  
 City DAKOTA State MN Zip Code 55925  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation 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  
 09 / 15 / 2016  
**Transaction ID : SA11AI.7460**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CARLSON, MELVIN, , ,**  
 Mailing Address 109 N 7TH AVE E  
 City TRUMAN State MN Zip Code 56088  
 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 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2016  
**Transaction ID : SA11AI.7480**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**CONLEY, CHARLES, , ,**

Mailing Address PO BOX 147

City SHEHERDSTOWN	State WV	Zip Code 25443
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
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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  
09 / 19 / 2016

**Transaction ID : SA11AI.7500**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 18850 NORTHOME BLVD

City DEEPHAVEN	State MN	Zip Code 55391
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation HOMEMAKER
------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

**Transaction ID : SA11AI.7594**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 18850 NORTHOME BLVD

City DEEPHAVEN	State MN	Zip Code 55391
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FEC ID number of contributing federal political committee. **C**

Name of Employer PRIMERA TECHNOLOGY INC.	Occupation OWNER
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

**Transaction ID : SA11AI.7595**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

Mailing Address PO BOX 558

City ST PETER	State MN	Zip Code 56082
------------------	-------------	-------------------

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

Name of Employer DAVIS FAMILY HOLDINGS	Occupation CHEESEMAKER
---	---------------------------

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  
 08 / 19 / 2016

**Transaction ID : SA11AI.7246**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_  
 2700.00

Memo Item

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

Mailing Address PO BOX 558

City ST PETER	State MN	Zip Code 56082
------------------	-------------	-------------------

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

Name of Employer NA	Occupation HOMEMAKER
------------------------	-------------------------

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  
 08 / 19 / 2016

**Transaction ID : SA11AI.7247**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_  
 2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DEKRUIF, ALAN, , ,**

Mailing Address 24102 GREENLAND RD

City MADISON LAKE	State MN	Zip Code 56063
----------------------	-------------	-------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

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  
 09 / 08 / 2016

**Transaction ID : SA11AI.7413**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ , _____ , _____ 5650.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____ , _____ , _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 OF 79
	<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)  
**DETTLE, J MICHAEL, , ,**

Mailing Address 1621 MASSEE ST

City ALBERT LEA	State MN	Zip Code 56007
--------------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

**Transaction ID : SA11AI.7321**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**EMERY, STEVE, , ,**

Mailing Address 4778 345TH AVE

City MONTEVIDEO	State MN	Zip Code 56265
--------------------	-------------	-------------------

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

Name of Employer THOMSON REUTERS	Occupation EDITOR
-------------------------------------	----------------------

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  
08 / 25 / 2016

**Transaction ID : SA11AI.7256**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**EMERY, STEVE, , ,**

Mailing Address 4778 345TH AVE

City MONTEVIDEO	State MN	Zip Code 56265
--------------------	-------------	-------------------

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

Name of Employer THOMSON REUTERS	Occupation EDITOR
-------------------------------------	----------------------

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  
09 / 18 / 2016

**Transaction ID : SA11AI.7492**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**EMERY, STEVE, , ,**

Mailing Address 4778 345TH AVE

City MONTEVIDEO	State MN	Zip Code 56265
--------------------	-------------	-------------------

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

Name of Employer THOMSON REUTERS	Occupation EDITOR
-------------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : SA11AI.7621**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1224 SOUTH RAMSEY

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

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

Name of Employer FIRST FINANCIAL BANK	Occupation BANKER
--	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : SA11AI.7578**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 20472 360TH AVE

City WINNEBAGO	State MN	Zip Code 56098
-------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

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  
09 / 29 / 2016

**Transaction ID : SA11AI.7628**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	500.00
<b>TOTAL</b> 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: SA11AI

Transaction ID : SA11AI.7628

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 16 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**FAST, JERRY, , ,**

Mailing Address 2106 210TH ST.

City TRUMAN	State MN	Zip Code 56088
----------------	-------------	-------------------

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

Name of Employer BANK MIDWEST	Occupation BANKER
----------------------------------	----------------------

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  
 09 / 06 / 2016

**Transaction ID : SA11AI.7339**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

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

Mailing Address 53796 194TH LN

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 ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2016

**Transaction ID : SA11AI.7117**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

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

Mailing Address 53796 194TH LANE

City MANKATO	State MN	Zip Code 56001
-----------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

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  
 09 / 08 / 2016

**Transaction ID : SA11AI.7431**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

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

FOR LINE NUMBER: PAGE 17 OF 79  
(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)  
**FREDERICK, JOSEPH, , ,**  
 Mailing Address 516 CARDINAL PL  
 City MANKATO State MN Zip Code 56001  
 FEC ID number of contributing federal political committee. C  
 Name of Employer TWO SONS, INC. Occupation OWNER  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 250.00

Date of Receipt 09 / 21 / 2016  
**Transaction ID : SA11AI.7498**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GATES, W J, , ,**  
 Mailing Address 231 W SKYLINE CT  
 City MANKATO State MN Zip Code 56001  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SELF Occupation ATTORNEY  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 450.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : SA11AI.7361**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**GROEBNER, JERRY, , ,**  
 Mailing Address 508 3RD ST  
 City MADISON LAKE State MN Zip Code 56063  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LAKE REGION TIMES Occupation PUBLISHER  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 254.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.7200**  
 Amount of Each Receipt this Period 54.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 554.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

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 ▼  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

**Transaction ID : SA11AI.7589**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Memo Item

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

Mailing Address 6420 FRENCH LAKE TRAIL

City FARIBAULT	State MN	Zip Code 55021
-------------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

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  
 07 / 27 / 2016

**Transaction ID : SA11AI.7091**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address 4400 VALLEY BLVD N

City SHAKOPEE	State MN	Zip Code 55379
------------------	-------------	-------------------

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

Name of Employer FREMONT INDUSTRIES	Occupation CEO
--	-------------------

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  
 09 / 30 / 2016

**Transaction ID : SA11AI.7624**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 2825.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 19 OF 79  
(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)  
**HALVERSON, KENNETH, , ,**

Mailing Address PO BOX 68

City KASSON State MN Zip Code 55944

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

Name of Employer SELF Occupation TREE 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  
08 29 2016

Transaction ID : SA11AI.7401

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 6048 CHASEWOOD PARKWAY, APT 202

City MINNETONKA State MN Zip Code 55343

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

Name of Employer HANSEN ENGINE TECHNOLOGIES, IN Occupation CEO

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  
09 01 2016

Transaction ID : SA11AI.7322

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HASSING, PETER, , ,**

Mailing Address 59717 130TH ST

City WELLS State MN Zip Code 56097

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

Name of Employer N/A Occupation 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  
09 21 2016

Transaction ID : SA11AI.7568

Amount of Each Receipt this Period  
**100.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**HEAD, MARTHA, , ,**

Mailing Address 1616 WEST 22ND ST

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation CHILD CARE
--------------------------	--------------------------

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  
 09 / 13 / 2016

**Transaction ID : SA11AI.7449**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HISLOP, MICHELLE, , ,**

Mailing Address 16 N BEACH RD

City WINNEBAGO	State MN	Zip Code 56098
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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 ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

**Transaction ID : SA11AI.7210**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 308 SMITH COURT

City MAPLETON	State MN	Zip Code 56065
------------------	-------------	-------------------

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 ▼  
3754.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016

**Transaction ID : SA11AI.7193**

Amount of Each Receipt this Period  
54.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1554.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**HUMMEL, KIM, , ,**

Mailing Address 235 COUNTY RD 51

City JACKSON	State MT	Zip Code 56143
-----------------	-------------	-------------------

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

Name of Employer JACKSON COUNTY	Occupation COUNTY COMMISSIONER
------------------------------------	-----------------------------------

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  
09 / 26 / 2016

**Transaction ID : SA11AI.7608**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 235 COUNTY RD 51

City JACKSON	State MN	Zip Code 56143
-----------------	-------------	-------------------

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

Name of Employer FULL TILT PERFORMANCE	Occupation 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  
09 / 26 / 2016

**Transaction ID : SA11AI.7607**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : SA11AI.7362**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**JONES, MARY, , ,**

Mailing Address PO BOX 26

City NERSTRAND	State MN	Zip Code 55053
-------------------	-------------	-------------------

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  
08 / 10 / 2016

**Transaction ID : SA11AI.7226**

Amount of Each Receipt this Period  
600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KATZ, HEIDI, , ,**

Mailing Address 13377 SUNNYSLOPE PL

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer AMGEN	Occupation SR. EXECUTIVE ASSISTANT
---------------------------	---------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
340.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 30 / 2016

**Transaction ID : SA11AI.7116**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KATZ, HEIDI, , ,**

Mailing Address 13377 SUNNYSLOPE PL

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer AMGEN	Occupation SR. EXECUTIVE ASSISTANT
---------------------------	---------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1340.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

**Transaction ID : SA11AI.7317**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 79  
(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)  
**KATZ, STEVEN, , ,**

Mailing Address 5737 KANAN RD #600

City AGOURA HILLS State CA Zip Code 91301

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

Name of Employer AQUA VEND CORP Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2016

Transaction ID : SA11AI.7464

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

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

Mailing Address 2117 BARGAMIN LOOP

City CROZET State VA Zip Code 22932

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 ▼  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2016

Transaction ID : SA11AI.7307

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 2117 BARGAMIN LOOP

City CROZET State VA Zip Code 22932

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 ▼  
 \_\_\_\_\_ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2016

Transaction ID : SA11AI.7308

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**KREKLAU, ROBERT, , ,**

Mailing Address 2117 BARGAMIN LOOP

City CROZET	State VA	Zip Code 22932
----------------	-------------	-------------------

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 ▼  
 \_\_\_\_\_ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2016

**Transaction ID : SA11AI.7454**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KUISLE, WILLIAM, , ,**

Mailing Address 6311 CO RD 8 SW

City ROCHESTER	State MN	Zip Code 55902
-------------------	-------------	-------------------

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

Name of Employer YANKEE RIDGE FARM	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  
 09 / 15 / 2016

**Transaction ID : SA11AI.7457**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KURT, JEFFREY, , ,**

Mailing Address 396 200TH AVE

City FAIRMONT	State MN	Zip Code 56031
------------------	-------------	-------------------

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

Name of Employer FAIRMONT VETERINARY CLINIC	Occupation VETERINARIAN
--	----------------------------

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  
 09 / 21 / 2016

**Transaction ID : SA11AI.7590**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1200.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**LAPLANTE, JASON, , ,**

Mailing Address 13144 LAKEFRONT LANE

City ORONOCO	State MN	Zip Code 55960
-----------------	-------------	-------------------

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

Name of Employer LEVER X	Occupation CONSULTANT
-----------------------------	--------------------------

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  
 09 / 26 / 2016

**Transaction ID : SA11AI.7603**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LENZ, FREDRICK, , ,**

Mailing Address 1105 4TH STREET COURT NORTH

City ST. JAMES	State MN	Zip Code 56081
-------------------	-------------	-------------------

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

Name of Employer ST. JAMES BUS SERVICE	Occupation PRESIDENT
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2016

**Transaction ID : SA11AI.7488**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LEONARD, DEAN, , ,**

Mailing Address 1612 BAY OAKS DRIVE

City ALBERT LEA	State MN	Zip Code 56007
--------------------	-------------	-------------------

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

Name of Employer SELF	Occupation DENTIST
--------------------------	-----------------------

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  
 09 / 28 / 2016

**Transaction ID : SA11AI.7620**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**LOWE, THOMAS, , ,**

Mailing Address 2630 W LAFAYETTE RD

City EXCELSIOR	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer N/A	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  
09 / 21 / 2016

**Transaction ID : SA11AI.7496**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MANSKE, BOB, , ,**

Mailing Address 2237 COVENTRY LN

City NO MANKATO	State MN	Zip Code 56003
--------------------	-------------	-------------------

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

Name of Employer A & E CONSTRUCTION SUPPLY	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  
09 / 08 / 2016

**Transaction ID : SA11AI.7368**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MARKS, BILL, , ,**

Mailing Address 22922 N RIVERFRONT DR

City MANKATO	State MN	Zip Code 56001
-----------------	-------------	-------------------

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

Name of Employer MG BIOLOGICS	Occupation CEO
----------------------------------	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.7613**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**MAYBERRY, THOMAS, , ,**

Mailing Address 119 7TH ST S

City ST JAMES	State MN	Zip Code 56081
------------------	-------------	-------------------

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

Name of Employer MAYBERRY REALTY	Occupation REALTOR
-------------------------------------	-----------------------

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
09 / 22 / 2016

**Transaction ID : SA11AI.7593**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 17644 LONESOME RD

City PRESTON	State MN	Zip Code 55965
-----------------	-------------	-------------------

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
09 / 20 / 2016

**Transaction ID : SA11AI.7501**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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 ▼  
1250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

**Transaction ID : SA11AI.7128**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**NEISEN, URBAN, , ,**

Mailing Address 40486 E LONG LAKE

City ST JAMES	State MN	Zip Code 56081
------------------	-------------	-------------------

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 ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

**Transaction ID : SA11AI.7343**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**OBERTON, WILL, , ,**

Mailing Address 121 JAY BEE DR

City WINONA	State MN	Zip Code 55987
----------------	-------------	-------------------

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

Name of Employer FASTENAL	Occupation CEO
------------------------------	-------------------

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  
09 / 08 / 2016

**Transaction ID : SA11AI.7403**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 512 HARRINGTON RD

City WAYZATA	State MN	Zip Code 55391
-----------------	-------------	-------------------

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 ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : SA11AI.7587**

Amount of Each Receipt this Period  
2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4850.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**PEICHEL, MARY, , ,**

Mailing Address 68808 FORT ROAD

City FAIFAX	State MN	Zip Code 55332
----------------	-------------	-------------------

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 ▼  
 \_\_\_\_\_ 254.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016

**Transaction ID : SA11AI.7187**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 254.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PENZ, LOWELL, , ,**

Mailing Address 3775 WILLOW RIDGE DR SW

City ROCHESTER	State MN	Zip Code 55902
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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 ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

**Transaction ID : SA11AI.7122**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PERKINS, STEVEN, , ,**

Mailing Address 5600 S JAREN LEE PL

City SIOUX FALLS	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

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  
 08 / 24 / 2016

**Transaction ID : SA11AI.7254**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1354.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 30 OF 79	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
**PIERUCCINI, FRANK, , ,**

Mailing Address 871 FORESTVILLE MEADOWS DR

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer RAPPAPORT MGMT	Occupation ACCOUNTANT
------------------------------------	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

**Transaction ID : SA11AI.7212**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 871 FORESTVILLE MEADOWS DR

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer RAPPAPORT MGMT	Occupation ACCOUNTANT
------------------------------------	--------------------------

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  
08 / 12 / 2016

**Transaction ID : SA11AI.7215**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 871 FORESTVILLE MEADOWS DR

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer RAPPAPORT MGMT	Occupation ACCOUNTANT
------------------------------------	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : SA11AI.7439**

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)..... ▶

2200.00

**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 31 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**PIERUCCINI, FRANK, , ,**

Mailing Address 871 FORESTVILLE MEADOWS DR

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer RAPPAPORT MGMT	Occupation ACCOUNTANT
------------------------------------	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

**Transaction ID : SA11AI.7494**

Amount of Each Receipt this Period  

300.00
--------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PIERUCCINI, KATHLEEN, , ,**

Mailing Address 871 FORESTVILLEMEADOWS DR

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer SUNRISE VALLEY ELEMENTARY SCHO	Occupation TEACHER
--	-----------------------

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
08 / 11 / 2016

**Transaction ID : SA11AI.7213**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item

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

Mailing Address 522 196TH DR NW

City ELK RIVER	State MN	Zip Code 55330
-------------------	-------------	-------------------

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

Name of Employer B&C MARATHON TRANSPORTATION	Occupation 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
08 / 31 / 2016

**Transaction ID : SA11AI.7310**

Amount of Each Receipt this Period  

300.00
--------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

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 ▼  
2250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

**Transaction ID : SA11AI.7130**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 16144 COUNTY RD 6

City UTICA	State MN	Zip Code 55979
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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 ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

**Transaction ID : SA11AI.7243**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RIES, MARCIA, , ,**

Mailing Address 6600 SALLY LANE

City EDINA	State MN	Zip Code 55439
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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
09 / 01 / 2016

**Transaction ID : SA11AI.7323**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s)  
for each category of the  
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(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)  
**ROBINSON, DANIEL, , ,**  
 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 **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2016  
**Transaction ID : SA11AI.7372**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RODE, DAVID, , ,**  
 Mailing Address PO BOX 279  
 City TRUMAN State MN Zip Code 56088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A 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  
 09 / 20 / 2016  
**Transaction ID : SA11AI.7502**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ROGGOW, BRIAN, , ,**  
 Mailing Address 1980 KNOLLWOOD DR  
 City FAIRMONT State MN Zip Code 56031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAIRMONT VETERINARY CLINIC Occupation VETERINARIAN  
 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  
 09 / 14 / 2016  
**Transaction ID : SA11AI.7471**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial) <b>ROGGOW, DEBRA, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2016	
Mailing Address 1980 KNOLLWOOD DR			<b>Transaction ID : SA11AI.7472</b>	
City FAIRMONT	State MN	Zip Code 56031	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer HY VEE		Occupation PHARMACIST		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>ROISE, JOHN, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	
Mailing Address 1605 NORTHRIDGE LANE			<b>Transaction ID : SA11AI.7363</b>	
City NO MANKATO	State MN	Zip Code 56003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer LINDSAY WINDOW & SASH		Occupation SALES		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3100.00		

Full Name (Last, First, Middle Initial) <b>ROSEN, TOM, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2016	
Mailing Address 1120 LAKE AVENUE			<b>Transaction ID : SA11AI.7137</b>	
City FAIRMONT	State MN	Zip Code 56031	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer ROSEN'S DIVERSIFIED, INC.		Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3950.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	3950.00

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

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

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(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)  
**RUEN, PAUL, , ,**

Mailing Address 1312 OAK BEACH DR

City FAIRMONT State MN Zip Code 56031

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

Name of Employer FAIRMONT VETERINARY CLINIC Occupation VETERINARIAN

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  
09 / 13 / 2016

Transaction ID : SA11AI.7446

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : SA11AI.7314

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCHAEFER, DIANA, , ,**

Mailing Address 19670 120TH AVE

City NEW ULM State MN Zip Code 56073

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

Name of Employer SEARLES WELL DRILLING Occupation OFFICE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

Transaction ID : SA11AI.7489

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 79  
(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)  
**SCHERER, BRON, , ,**

Mailing Address 617 TURNBERRY CT

City NORTHFIELD State MN Zip Code 56001

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

Name of Employer SELF Occupation CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 06 / 2016

Transaction ID : SA11AI.7135

Amount of Each Receipt this Period  
1825.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SCHERER, GENIENE, , ,**

Mailing Address 617 TURNBERRY CT

City NORTHFIELD State MN Zip Code 55057

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

Name of Employer INTERDYNE BMI Occupation CPA

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  
08 / 06 / 2016

Transaction ID : SA11AI.7136

Amount of Each Receipt this Period  
2325.00

Memo Item

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

Mailing Address 120 ROSEWOOD DR

City MANKATO State MN Zip Code 56001

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

Name of Employer FISHER GROUP Occupation 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  
08 / 31 / 2016

Transaction ID : SA11AI.7309

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4400.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 79  
(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)  
**SCHOOFF, DAVID, , ,**  
 Mailing Address 120 ROSEWOOD DR  
 City MANKATO State MN Zip Code 56001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FISHER GROUP Occupation PRESIDENT  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2016  
**Transaction ID : SA11AI.7370**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SCHREINER, RANDY, , ,**  
 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 ▼  
 803.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016  
**Transaction ID : SA11AI.7159**  
 Amount of Each Receipt this Period  
 153.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCHREINER, RANDY, , ,**  
 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 ▼  
 1003.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2016  
**Transaction ID : SA11AI.7412**  
 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)..... ▶

653.00

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

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

FOR LINE NUMBER: PAGE 38 OF 79  
(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)  
**SCHUMANN, JAMES, , ,**  
 Mailing Address 12120 COUNTY ROAD 9  
 City EYOTA State MN Zip Code 55934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCHUMANN FARMS Occupation PARTNER  
 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  
 09 / 15 / 2016  
**Transaction ID : SA11AI.7459**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SEATON, DOUGLAS, , ,**  
 Mailing Address 4306 SUNNYSIDE RD  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEATON, PETERS, & REVNEW Occupation ATTORNEY  
 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  
 08 / 06 / 2016  
**Transaction ID : SA11AI.7139**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SEATON, DOUGLAS, , ,**  
 Mailing Address 4306 SUNNYSIDE RD  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEATON, PETERS, & REVNEW Occupation ATTORNEY  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2016  
**Transaction ID : SA11AI.7140**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1100.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

Mailing Address 3340 QUEENS RD SE

City ALEXANDRIA	State MN	Zip Code 56038
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation UNEMPLOYED
------------------------	--------------------------

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  
09 / 13 / 2016

**Transaction ID : SA11AI.7463**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SPRENGELER, SARAH, , ,**

Mailing Address 3340 QUEENS RD SE

City ALEXANDRIA	State MN	Zip Code 56038
--------------------	-------------	-------------------

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

Name of Employer DOUGLAS COUNTY HOSPITAL	Occupation DOCTOR
---	----------------------

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  
09 / 13 / 2016

**Transaction ID : SA11AI.7462**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 40184 120TH ST

City MABEL	State MN	Zip Code 55954
---------------	-------------	-------------------

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

Name of Employer OWNER	Occupation STEUART LABORATORIES
---------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 24 / 2016

**Transaction ID : SA11AI.7249**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2200.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

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 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)  
**STEUART, GARY, , ,**  
Mailing Address 40184 120TH ST

City MABEL	State MN	Zip Code 55954
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FEC ID number of contributing federal political committee. **C**

Name of Employer OWNER	Occupation STEUART LABORATORIES
---------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5800.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

**Transaction ID : SA11AI.7458**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**STEVENSON, CAROL, , ,**  
Mailing Address 603 LAKE ST

City NO MANKATO	State MN	Zip Code 56003
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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 ▼  
570.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

**Transaction ID : SA11AI.7353**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**STEVENSON, CAROL, , ,**  
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 ▼  
670.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

**Transaction ID : SA11AI.7637**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 41 OF 79  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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)  
**STONE, STEVEN, , ,**

Mailing Address 3802 WEST AMBER LANE

City FAIRMONT State MN Zip Code 56031

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

Name of Employer FAIRMONT VETERINARY CLINIC Occupation VETERINARIAN

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  
09 / 13 / 2016

Transaction ID : SA11AI.7445

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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 ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 04 / 2016

Transaction ID : SA11AI.7181

Amount of Each Receipt this Period  
50.00

Memo Item

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

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.7371

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)..... ▶

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 42 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**SYMMS, STEVEN, , ,**

Mailing Address 517 C ST NE

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C**

Name of Employer PARRY, ROMANI, DECONCINI & SYM	Occupation LEGISLATIVE CONSULTANT
--	--------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 13 / 2016

**Transaction ID : SA11AI.7468**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 5400 LONDONDERRY ROAD

City EDINA	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

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
09 / 26 / 2016

**Transaction ID : SA11AI.7611**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 5400 LONDONDERRY ROAD

City EDINA	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

**Transaction ID : SA11AI.7612**

Amount of Each Receipt this Period  
2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5900.00
<b>TOTAL</b> 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: SA11AI

Transaction ID : SA11AI.7611

Contribution to pay down Primary election debt

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 44 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**VALENTYN, JAY, , ,**

Mailing Address **430 WESTERN AVE**

City <b>FARIBAULT</b>	State <b>MN</b>	Zip Code <b>55021</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>CEDAR LAKE ELECTRIC, INC.</b>	Occupation <b>ELECTRICAL CONTRACTOR</b>
--	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**625.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

**Transaction ID : SA11AI.7598**

Amount of Each Receipt this Period  

125.00
--------

Memo Item

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

Mailing Address **52899 MINNEWAUKOR**

City <b>NO MANKATO</b>	State <b>MN</b>	Zip Code <b>56002</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>WEILAGE ADVISORY GROUP</b>	Occupation <b>PRESIDENT</b>
---	--------------------------------

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
09 / 08 / 2016

**Transaction ID : SA11AI.7364**

Amount of Each Receipt this Period  

250.00
--------

Memo Item

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

Mailing Address **2227 7TH ST NW**

City <b>ROCHESTER</b>	State <b>MN</b>	Zip Code <b>55901</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>WEIS BUILDERS, INC</b>	Occupation <b>CHAIRMAN EMERITUS</b>
---	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2250.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

**Transaction ID : SA11AI.7253**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>1375.00</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

Mailing Address 2227 7TH ST NW

City ROCHESTER	State MN	Zip Code 55901
-------------------	-------------	-------------------

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

Name of Employer WEIS BUILDERS, INC	Occupation CHAIRMAN EMERITUS
--	---------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

**Transaction ID : SA11AI.7455**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1609 TODD AVE

City ALBERT LEA	State MN	Zip Code 56007
--------------------	-------------	-------------------

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

Name of Employer BUILT-RITE MFG	Occupation CEO
------------------------------------	-------------------

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  
09 / 10 / 2016

**Transaction ID : SA11AI.7426**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 811 29TH ST NW

City ROCHESTER	State MN	Zip Code 55901
-------------------	-------------	-------------------

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

Name of Employer VISION SOLUTIONS	Occupation SENIOR SUPPORT SPEC.
--------------------------------------	------------------------------------

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  
09 / 15 / 2016

**Transaction ID : SA11AI.7456**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 79	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, DUANE, , ,**

Mailing Address 115 E 4TH ST

City BLUE EARTH	State MN	Zip Code 56013
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FEC ID number of contributing federal political committee. **C**

Name of Employer WILLIAMS ACCT & INSURANCE	Occupation ACCOUNTANT
---	--------------------------

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  
09 / 21 / 2016

**Transaction ID : SA11AI.7581**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 58928 211TH LANE

City MANKATO	State MN	Zip Code 56001
-----------------	-------------	-------------------

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

Name of Employer INDUSTRIAL FABRICATION SERVICE	Occupation CEO
--	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : SA11AI.7357**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ZIGLAR, JAMES, , , Sr.**

Mailing Address 5200 N OCEAN DR  
APT 1405

City SINGER ISLAND	State FL	Zip Code 33404
-----------------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

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  
08 / 10 / 2016

**Transaction ID : SA11AI.7228**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	68734.27

**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 47 OF 79
	<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)  
**NOBLES COUNTY REPUBLICAN COMM**

Mailing Address PO BOX 236

City BREWSTER	State MN	Zip Code 56119
------------------	-------------	-------------------

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.7262**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**OLMSTED COUNTY REPUBLICAN PARTY**

Mailing Address 1530 GREENVIEW DR SW #105A

City ROCHESTER	State MN	Zip Code 55902
-------------------	-------------	-------------------

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.7109**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1560 9TH AVE NE

City OWATONNA	State MN	Zip Code 55060
------------------	-------------	-------------------

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.7635**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value="1250.00"/>

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

Form/Schedule: SA11B

Transaction ID : SA11B.7262

Permissible Funds

Form/Schedule: SA11B

Transaction ID: SA11B.7109

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.7635

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 50 OF 79	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

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

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 ▼  
26446.43

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11D.7642**

Amount of Each Receipt this Period  
1500.00

Memo Item  
In-kind - Mileage

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

**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 51 OF 79	
	<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) <b>A. ALPHA MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address 18431 STATE HWY 105		FEC Identification Number C
City AUSTIN	State MN	Zip Code 55912
Purpose of Disbursement ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 360.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7539
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2016
Mailing Address 5555 HILTON AVE SUITE 106		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement CREDIT CARD FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 37.05	
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 : SB17.7646
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016
Mailing Address 5555 HILTON AVE SUITE 106		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 331.32	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7514
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	728.37
<b>TOTAL</b> 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 79	
	<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) <b>A. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address 5555 HILTON AVE SUITE 106			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 187.79	
Purpose of Disbursement CREDIT CARD FEES		Category/Type	Transaction ID : SB17.7641	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BARTZ, GREGORY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016	
Mailing Address 25455 STATE HWY 4			FEC Identification Number C	
City SLEEPY EYE	State MN	Zip Code 56085	Amount of Each Disbursement this Period 160.73	
Purpose of Disbursement In-kind - Sign		Category/Type	Transaction ID : SB17.7645	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 1895 ADAMS ST			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 907.74	
Purpose of Disbursement COMPUTER		Category/Type	Transaction ID : SB17.7278	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1256.26
<b>TOTAL</b> 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 79	
	<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) <b>A. BLUE EARTH GRAPHICS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2016	
Mailing Address 113 NORTH MAIN ST			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1212.77	
Purpose of Disbursement PRINTING - FLYERS		Category/ Type	Transaction ID : SB17.7102	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BLUE EARTH GRAPHICS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2016	
Mailing Address 113 NORTH MAIN ST			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 144.28	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.7512	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BRYAN, MICHAEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016	
Mailing Address 1500 OLD COMPTON ROAD			FEC Identification Number C	
City HENRICO	State VA	Zip Code 23238	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement WEB DESIGN		Category/ Type	Transaction ID : SB17.7231	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2357.05
<b>TOTAL</b> 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 79	
	<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) <b>A. BRYAN, MICHAEL, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016
Mailing Address 1500 OLD COMPTON ROAD		FEC Identification Number C
City HENRICO	State VA	Zip Code 23238
Purpose of Disbursement WEB DESIGN		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.7517
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2016
Mailing Address PO BOX 20706		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 360.60
Candidate Name		Transaction ID : SB17.7220
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DOUBLETREE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2016
Mailing Address 150 S BROADWAY		FEC Identification Number C
City ROCHESTER	State MN	Zip Code 55904
Purpose of Disbursement FACILITIES AND FOOD FOR FUNDRAISER		Amount of Each Disbursement this Period 647.97
Candidate Name		Transaction ID : SB17.7524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2008.57
<b>TOTAL</b> 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 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. EXACT DRIVE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2016	
Mailing Address PO BOX 1575			FEC Identification Number C	
City MINNEAPOLIS	State MN	Zip Code 55480	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.7560	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FACE BOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.7303	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FACE BOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 250.63	
Purpose of Disbursement ADVERTISING		Category/Type	Transaction ID : SB17.7319	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5350.63
<b>TOTAL</b> 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 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. FACE BOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement ADVERTISING		Amount of Each Disbursement this Period 500.03
Candidate Name		Transaction ID : SB17.7510
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FIRCHAU, LON, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016
Mailing Address 125 FALCON DR		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement CAMPAIGN STAFF		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.7094
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FIRCHAU, LON, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016
Mailing Address 125 FALCON DR		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement MILEAGE		Amount of Each Disbursement this Period 1055.00
Candidate Name		Transaction ID : SB17.7095
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4055.03
<b>TOTAL</b> 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 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. FIRCHAU, LON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 4.04	
Purpose of Disbursement REIMBURSEMENT FOR SUPPLIES		Category/ Type	Transaction ID : SB17.7096	
Candidate Name		<input checked="" 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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FIRCHAU, LON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7224	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIRCHAU, LON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 690.00	
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.7291	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3190.00
<b>TOTAL</b> 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 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. FIRCHAU, LON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 171.11	
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.7293	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FIRCHAU, LON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7306	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIRCHAU, LON, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016	
Mailing Address 125 FALCON DR			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7515	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 79	
	<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) <b>A. HAGEDORN, JAMES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016	
Mailing Address PO BOX 63			FEC Identification Number C HOMN01045	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement MILEAGE		Category/Type	Transaction ID : SB17.7092	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. HAGEDORN, JAMES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016	
Mailing Address PO BOX 63			FEC Identification Number C HOMN01045	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/Type	Transaction ID : SB17.7566	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 01				

Full Name (Last, First, Middle Initial) <b>C. HAGEDORN, JAMES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address PO BOX 63			FEC Identification Number C HOMN01045	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement In-kind - Mileage		Category/Type	Transaction ID : SB17.7643	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 60 OF 79			
	<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) <b>A. HITZEMANN, DOUGLAS R, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016		
Mailing Address 148 LYNX LN			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 765.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7093		
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. HITZEMANN, DOUGLAS R, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016		
Mailing Address 148 LYNX LN			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 49.50		
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.7101		
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. HITZEMANN, DOUGLAS R, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016		
Mailing Address 148 LYNX LN			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 780.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7225		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1594.50
<b>TOTAL</b> 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 61 OF 79	
	<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) <b>A. HITZEMANN, DOUGLAS R, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016	
Mailing Address 148 LYNX LN			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 725.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7516	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KBEW</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2016	
Mailing Address PO BOX 278			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 390.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7559	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. KCHK RADIO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 25821 LANGFORD AVE			FEC Identification Number C	
City NEW PRAGUE	State MN	Zip Code 56071	Amount of Each Disbursement this Period 220.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7549	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1335.00
<b>TOTAL</b> 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 62 OF 79	
	<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) <b>A. KNUJ</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address BOX 368		FEC Identification Number C
City NEW ULM	State MN	Zip Code 56073
Purpose of Disbursement ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 323.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7546
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. KNXR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address 305 ALLIANCE PLACE NE		FEC Identification Number C
City ROCHESTER	State MN	Zip Code 55901
Purpose of Disbursement ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 360.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7550
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. KOWZ/KORN/KRUE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2016
Mailing Address 225 CEDARDALE DR		FEC Identification Number C
City OWATONNA	State MS	Zip Code 55060
Purpose of Disbursement ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 240.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7557
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	923.40
<b>TOTAL</b> 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 63 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. KQAD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 1140 150TH AVE			FEC Identification Number C	
City LUVERNE	State MN	Zip Code 56156	Amount of Each Disbursement this Period 220.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7552	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KWUM</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 1371 WEST LAIR ROAD			FEC Identification Number C	
City FAIRMONT	State MN	Zip Code 56031	Amount of Each Disbursement this Period 393.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7547	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LAKE REGION TIMES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016	
Mailing Address 513 MAIN ST PO BOX 128			FEC Identification Number C	
City MADISON LAKE	State MN	Zip Code 56063	Amount of Each Disbursement this Period 1068.85	
Purpose of Disbursement YARD SIGNS AND POSTS		Category/ Type	Transaction ID : SB17.7305	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1681.85
<b>TOTAL</b> 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 64 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A. LAKE REGION TIMES**

Full Name (Last, First, Middle Initial)  
Mailing Address 513 MAIN ST  
PO BOX 128

City MADISON LAKE State MN Zip Code 56063

Purpose of Disbursement CAMPAIGN SIGNS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.15

Transaction ID : SB17.7511

Memo Item

**B. NATION BUILDER**

Full Name (Last, First, Middle Initial)  
Mailing Address 448 S HILL ST

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement WEB MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 144.03

Transaction ID : SB17.7222

Memo Item

**C. NATION BUILDER**

Full Name (Last, First, Middle Initial)  
Mailing Address 448 S HILL ST

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement WEB MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 149.00

Transaction ID : SB17.7508

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 297.18

**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 65 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A. P2B STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4750 E 53RD ST  
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement CAMPAIGN CONSULTANT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.7299

Memo Item

**B. PIRRON, KYLE, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 1400 WARREN ST  
APT H20

City MANKATO State MN Zip Code 56001

Purpose of Disbursement CAMPAIGN STAFF

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.7223

Memo Item

**C. PIRRON, KYLE, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 1400 WARREN ST  
APT H20

City MANKATO State MN Zip Code 56001

Purpose of Disbursement CAMPAIGN STAFF

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.7519

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4250.00

**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 66 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A. RADIO MANKATO**

Full Name (Last, First, Middle Initial)  
Mailing Address 59346 MADISON AVE

City MANKATO State MN Zip Code 56001

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 660.00

Transaction ID : SB17.7556

Memo Item

**B. RADIO WORKS LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 28779 CTY HWY 35

City WORTHINGTON State MN Zip Code 56187

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 424.00

Transaction ID : SB17.7558

Memo Item

**C. RUSSELL LABEL & PACKAGING**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 BURGESS ST

City ST PAUL State MN Zip Code 55117

Purpose of Disbursement LABELS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 486.75

Transaction ID : SB17.7513

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1570.75

**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 67 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A. SID'S SIGNS**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 N BROADWAY

City NEW ULM State MN Zip Code 56073

Purpose of Disbursement SIGN'S

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 271.85

Transaction ID : SB17.7300

Memo Item

**B. SPECTRUM REACH**

Full Name (Last, First, Middle Initial)  
Mailing Address 15025 GLAZIER AVE SUITE 102

City APPLE VALLEY State MN Zip Code 55124

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.7120

Memo Item

**C. SPECTRUM REACH**

Full Name (Last, First, Middle Initial)  
Mailing Address 15025 GLAZIER AVE SUITE 102

City APPLE VALLEY State MN Zip Code 55124

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.7532

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2471.85

**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 68 OF 79	
	<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) <b>A. SPECTRUM REACH</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 15025 GLAZIER AVE SUITE 102			FEC Identification Number C	
City APPLE VALLEY	State MN	Zip Code 55124	Amount of Each Disbursement this Period 9000.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7535	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. THIELFOLD, CONNOR, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 218 S LINTON			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type	Transaction ID : SB17.7296	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TOWNSQUARE MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 601 CENTRAL AVENUE NORTH			FEC Identification Number C	
City FARIBAULT	State MN	Zip Code 55021	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7536	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11400.00
<b>TOTAL</b> 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 69 OF 79	
	<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) <b>A. TOWNSQUARE MEDIA - ROCHESTER</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016	
Mailing Address 122 4TH ST SW			FEC Identification Number C	
City ROCHESTER	State MN	Zip Code 55902	Amount of Each Disbursement this Period 560.00	
Purpose of Disbursement ADVERTISING		Category/ Type	Transaction ID : SB17.7537	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016	
Mailing Address			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 1269.07	
Purpose of Disbursement POSTAGE FOR MAILER		Category/ Type	Transaction ID : SB17.7506	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016	
Mailing Address			FEC Identification Number C	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 94.00	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.7509	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1923.07
<b>TOTAL</b> 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 70 OF 79			
	<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) <b>A. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2016
Mailing Address			FEC Identification Number C
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 37.72
Purpose of Disbursement POSTAGE		Category/Type	Transaction ID : SB17.7562
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016
Mailing Address			FEC Identification Number C
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Disbursement this Period 29.00
Purpose of Disbursement POSTAGE		Category/Type	Transaction ID : SB17.7563
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address			FEC Identification Number C
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 165.61
Purpose of Disbursement POSTAGE - MEMO LON FIRCHAU		Category/Type	Transaction ID : SB17.7294
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	232.33
<b>TOTAL</b> 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 71 OF 79			
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 37.60
Candidate Name		Transaction ID : SB17.7302
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 18.80
Candidate Name		Transaction ID : SB17.7545
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2016
Mailing Address PO BOX 4002		FEC Identification Number C
City ACWORTH	State GA	Zip Code 30101
Purpose of Disbursement CELL PHONE		Amount of Each Disbursement this Period 265.63
Candidate Name		Transaction ID : SB17.7103
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	322.03
<b>TOTAL</b> 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 72 OF 79	
	<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) <b>A. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016	
Mailing Address PO BOX 4002			FEC Identification Number C	
City ACWORTH	State GA	Zip Code 30101	Amount of Each Disbursement this Period 295.61	
Purpose of Disbursement CELL PHONE		Category/ Type	Transaction ID : SB17.7518	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	295.61
<b>TOTAL</b> This Period (last page this line number only).....▶	56743.48

**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 73 OF 79	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. HAGEDORN, JAMES, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016
Mailing Address PO BOX 63		FEC Identification Number C HOMN01045
City BLUE EARTH	State MN	Zip Code 56013
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB19A.7528
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN District: 01		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , , <input type="checkbox"/> Memo Item		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63		
City BLUE EARTH	State MN	ZIP Code 56013
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	3000.00	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 <sup>M</sup> / D 29 <sup>D</sup> / Y 2014 Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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/10.4647**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
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<b>TERMS</b>	Date Incurred M 07 / D 30 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3500.00
<b>TOTALS</b> 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/10.4661**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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<b>TERMS</b>	Date Incurred M 08 / D 05 / Y 2014 Y	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	6000.00
<b>TOTALS</b> 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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 7500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7500.00
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<b>TERMS</b>	Date Incurred M 10 / D 24 / Y 2014	Date Due M / D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7500.00
<b>TOTALS</b> 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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 10 / Y 2014	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1500.00
<b>TOTALS</b> 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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HAGEDORN, JAMES, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 63			
City BLUE EARTH	State MN	ZIP Code 56013	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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<b>TERMS</b>	Date Incurred M 11 / D 17 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	20000.00

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