

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

56001-7710

2. **FEC IDENTIFICATION NUMBER** ▼

C C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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 11 / 04 / 2014 in the State of MN

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

07 / 01 / 2014 through 07 / 23 / 2014

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

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer DOUGLAS R HITZEMANN

[Electronically Filed]

Date

12 / 04 / 2014

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

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: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 23 / 2014

	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))....	10840.00	88400.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10840.00	88350.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13630.04	81645.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13630.04	81645.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11704.31	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 12/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6250.00	58155.00
(ii) Unitemized.....	2590.00	12770.00
(iii) TOTAL of contributions from individuals ▶	8840.00	70925.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2000.00	17475.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10840.00	88400.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10840.00	93400.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13630.04	81645.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(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	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	13630.04	81695.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14494.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10840.00
25. SUBTOTAL (add Line 23 and Line 24).....	25334.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13630.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11704.31

**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 12
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

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

Mailing Address 512 S SPRINGS ST

City State Zip Code
FALLS CHURCH VA 22046

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

Name of Employer Occupation
LIBRARY OF CONGRESS LIBRARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
200.00

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

Mailing Address 261 SUNRIDGE WAY

City State Zip Code
VACAVILLE CA 95688

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

Name of Employer Occupation
ASSOCIATION FUNDRAISING PROF. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
1000.00

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

Mailing Address 31 SE 10TH AVE

City State Zip Code
FORT LAUDERDALE FL 33301

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

Name of Employer Occupation
RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period
500.00

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

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

1700.00

**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 6 OF 12
	<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)
JONATHAN KIETZER

Mailing Address 931 MADISON AVE

City MANKATO State MN Zip Code 56001

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

Name of Employer CENTURY 21 LANDMARK REALTORS Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
250.00

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

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1900.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
200.00

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

Mailing Address PO BOX 229

City MABEL State MN Zip Code 55954

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

Name of Employer OLIVES Occupation BARTENDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
1100.00

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

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

1550.00

**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 7 OF 12
	<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

Full Name (Last, First, Middle Initial) STEVEN SYMMS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2014
Mailing Address 517 C ST NE		Transaction ID : SA11Al.4567
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PARRY, ROMANI, DECONCINI & SYM	Occupation LEGISLATIVE CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BRIAN WALETICH		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014
Mailing Address PO BOX 99		Transaction ID : SA11Al.4545
City KASOTA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WALETICH TRANSPORTATION	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) BRIAN WALETICH		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2014
Mailing Address PO BOX 99		Transaction ID : SA11Al.4604
City KASOTA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer WALETICH TRANSPORTATION	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	6250.00

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

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

Mailing Address **PO BOX 63**

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

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **22475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11D.4642

Amount of Each Receipt this Period
 _____ **2000.00**

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 M / D D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

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 M / D D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

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

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

_____ **2000.00**

_____ **2000.00**

**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 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 20e

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. AMBIENT LIGHT STUDIOS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 310 MAIN ST NE		Amount of Each Disbursement this Period 666.90 Transaction ID : SB17.4627
City MAPLETON	State MN	
Zip Code 56065	Purpose of Disbursement CAMPAIGN SIGNS	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RYAN BRINKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 115 4TH STREET		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4628
City JACKSON	State MN	
Zip Code 56143	Purpose of Disbursement COMMUNICATIONS	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHARLIE'S		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 348.17 Transaction ID : SB17.4632
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement FOOD FOR FUNDRAISER	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1915.07
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 10 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. CHARTER MEDIA		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 15025 GLAZIER AVE SUITE 201		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4630
City APPLE VALLEY State MN Zip Code 55124	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CLARK		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 54.00 Transaction ID : SB17.4637
City MANKATO State MN Zip Code 56001	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DAX BENNETT		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 4750 E 53RD ST SUITE 206		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4620
City MINNEAPOLIS State MN Zip Code 55417	Purpose of Disbursement CONSULTANT 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5054.00
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 11 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4622
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4624
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4643
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement In-kind - MILEAGE	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: MN District: 01	

SUBTOTAL of Disbursements This Page (optional).....	4800.00
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 12 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. KWIK TRIP		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 353.54 Transaction ID : SB17.4638
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement FUEL	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LAKE REGION TIMES		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 513 MAIN ST PO BOX 128		Amount of Each Disbursement this Period 982.73 Transaction ID : SB17.4625
City MADISON LAKE	State MN	
Zip Code 56063	Purpose of Disbursement CAMPAIGN SIGNS	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4636
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1405.27
TOTAL This Period (last page this line number only).....	13174.34