

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TIM WALZ FOR US CONGRESS

ADDRESS (number and street) PO BOX 938
 Check if different than previously reported. (ACC)
MANKATO MN 56002

2. **FEC IDENTIFICATION NUMBER** C00409409
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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2006 through 03 31 2006

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 Malinda VanDuser

Signature of Treasurer Electronically Filed by Malinda VanDuser Date 08 14 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TIM WALZ FOR US CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	127042.32	245178.70
(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)).....	127042.32	245128.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	43134.74	120930.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	235.61	253.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42899.13	120676.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	124452.29	
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

Write or Type Committee Name
TIM WALZ FOR US CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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).....

50208.66

118252.32

(ii) Unitemized.....

50533.66

90927.38

(iii) TOTAL of contributions

100742.32

209179.70

from individuals..... ▶

1300.00

4799.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

25000.00

31100.00

(d) The Candidate.....

0.00

100.00

(e) TOTAL CONTRIBUTIONS (other than loans)

127042.32

245178.70

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

235.61

253.61

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)..... ▶

127277.93

245432.31

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43134.74	120930.02
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) ▶	43134.74	120980.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40309.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	127277.93
25. SUBTOTAL (add Line 23 and Line 24).....	167587.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43134.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	124452.29

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
David Andreas

Mailing Address 4501 Strawberry Lane

City State Zip Code
Golden Valley MN 55416

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: SA11A1.6521

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address none

City State Zip Code
none MN 56001

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

Name of Employer none Occupation none

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2006

Transaction ID: SA11A1.9394

Amount of Each Receipt this Period
125.00

No individual donation over \$50
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address none

City State Zip Code
none MN 56001

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

Name of Employer none Occupation none

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: SA11A1.9522

Amount of Each Receipt this Period
95.00

Individual Donations - none over \$50 ea
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	720.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Todd Allan Awes

Mailing Address 7209 Shannon Dr

City State Zip Code
Edina MN 55439

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

Name of Employer Occupation
Awes Seidel Diversified Ins Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.6853

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 522 Harrington Rd

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
Minneapolis Heart Inst Fo- undat President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6508

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4037 Upton Ave S

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Occupation
Merchant & Goole Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.9204

Amount of Each Receipt this Period
50.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Alfred Berner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2006
Mailing Address 18415 561st Lane		Transaction ID: SA11A1.9128
City Good Thunder	State MN	Zip Code 56037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Peter Blethen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2006
Mailing Address 21961 - 620 Ave		Transaction ID: SA11A1.9133
City Madison Lake	State MN	Zip Code 56063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bolton & Mehk	Occupation Surveyor	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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) C. Patricia Agnes Bloodgood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006
Mailing Address 25 Greenway Gables		Transaction ID: SA11A1.9213
City Minneapolis	State MN	Zip Code 55403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lockridge, Grindal, Maven, PLL	Occupation Attorney	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Aleta A Borrud

Mailing Address 2411 Merrihills Dr SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.9450

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 617 Brady St

City State Zip Code
Davenport IA 52803

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2006

Transaction ID: SA11A1.6522

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 21 Stevens Terrace

City State Zip Code
Arlington MA 02476

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.7693

Amount of Each Receipt this Period
300.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Verona Burton

Mailing Address 512 Hickory

City Mankato State MN Zip Code 56001

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.9443

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4421 Spear

City Shelburne State VT Zip Code 05482

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

Name of Employer Self Occupation Mom

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2006

Transaction ID: SA11A1.6919

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 57310 - 166th Lane

City Good Thunder State MN Zip Code 56037

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

Name of Employer PACT Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: SA11A1.9533

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

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

Mailing Address 4517 SW Water Ave

City Portland State OR Zip Code 97239

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.8764

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Cowles, Sr.

Mailing Address 1155 5th Ave South 1000

City Minneapolis State MN Zip Code 55401

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: SA11A1.9061

Amount of Each Receipt this Period
1600.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sage Fuller Cowles

Mailing Address 155 5th Avenue S, Suite 1000

City Minneapolis State MN Zip Code 55401

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: SA11A1.9062

Amount of Each Receipt this Period
2100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Nancy Cramblit

Mailing Address 19 Holiday Ct

City State Zip Code
North Mankato MN 56003

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

Name of Employer Occupation
Best Effort Best Effort

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2006

Transaction ID: SA11A1.9111

Amount of Each Receipt this Period
150.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Julia W Dayton

Mailing Address 1719 W Franklin Ave

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 17 / 2006

Transaction ID: SA11A1.6849

Amount of Each Receipt this Period
1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 110 Westwood Dr

City State Zip Code
Mankato MN 56001

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

Name of Employer Occupation
ISD 77 Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.9848

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
James E Dorsey, III

Mailing Address 10475 Hadley Ave N

City State Zip Code
Saint Paul MN 55110

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

Name of Employer Fredrickson & Byron Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.9219

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8 Bella Vista Ct

City State Zip Code
Mankato MN 56001

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

Name of Employer MN State University - Mankato Occupation Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.9447

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 201 Lee Pl

City State Zip Code
Albert Lea MN 56007

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

Name of Employer Albert Lea Seed Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2006

Transaction ID: SA11A1.6856

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Doris Eichmeyer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 212 Oak Knoll Blvd		Transaction ID: SA11A1.6869	
City Mankato	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 56001		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Student	Occupation Student		
Receipt For: 2006 <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) B. Michael S Erlandson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2809 E Lake of the Isles Pkway		Transaction ID: SA11A1.9126	
City Minneapolis	State MN	Amount of Each Receipt this Period 222.00	
Zip Code 55408		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Office of Senator Sabo	Occupation Chief of Staff		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 222.00		

Full Name (Last, First, Middle Initial) C. Alan Franken		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 573 S 10th		Transaction ID: SA11A1.9026	
City Minneapolis	State MN	Amount of Each Receipt this Period 2100.00	
Zip Code 55404		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Air America Radio	Occupation Host		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	2572.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Alan Franken		Date of Receipt MM / DD / YYYY 02 / 27 / 2006
Mailing Address 573 S 10th		Transaction ID: SA11A1.9029
City Minneapolis	State MN	Zip Code 55404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Air America Radio	Occupation Host	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Frances Franken		Date of Receipt MM / DD / YYYY 02 / 27 / 2006
Mailing Address 573 S 10th		Transaction ID: SA11A1.9030
City Minneapolis	State MN	Zip Code 55404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Alan Franken Inc	Occupation Administrator	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Frances Franken		Date of Receipt MM / DD / YYYY 02 / 27 / 2006
Mailing Address 573 S 10th		Transaction ID: SA11A1.9032
City Minneapolis	State MN	Zip Code 55404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Alan Franken Inc	Occupation Administrator	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Ralph Gray		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1884 S 500 W		Transaction ID: SA11A1.7276
City State Zip Code Greencastle IN 46135	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RETIRED	Occupation JUDGE	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Kerry Greeley		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 405 North 5th St #416		Transaction ID: SA11A1.9809
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 382.50	
FEC ID number of contributing federal political committee. C		In-kind - Greeley Moving Exp movers <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tim Walz for U S Congress	Occupation Campaign Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 495.93	

Full Name (Last, First, Middle Initial) C. Kerry Greeley		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 405 North 5th St #416		Transaction ID: SA11A1.9813
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 8.82	
FEC ID number of contributing federal political committee. C		In-kind - Greeley Moving Exp meal <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tim Walz for U S Congress	Occupation Campaign Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 504.75	

SUBTOTAL of Receipts This Page (optional) ▶	641.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Kerry Greeley

Mailing Address 405 North 5th St #416

City Mankato State MN Zip Code 56001

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

Name of Employer Tim Walz for U S Congress Occupation Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 594.74

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.9817

Amount of Each Receipt this Period
89.99

In-kind - Greeley Moving Exp hotel
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 405 North 5th St #416

City Mankato State MN Zip Code 56001

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

Name of Employer Tim Walz for U S Congress Occupation Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 680.42

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9821

Amount of Each Receipt this Period
85.68

In-kind - Greeley Moving Exp hotel
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 405 North 5th St #416

City Mankato State MN Zip Code 56001

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

Name of Employer Tim Walz for U S Congress Occupation Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 805.74

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: SA11A1.9825

Amount of Each Receipt this Period
125.32

In-kind - HS Internet
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	300.99
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Kerry Greeley

Mailing Address 405 North 5th St #416

City Mankato State MN Zip Code 56001

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

Name of Employer Tim Walz for U S Congress Occupation Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 896.61

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11A1.9829

Amount of Each Receipt this Period
90.87

In-kind - Greeley Moving Exp hotel
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 405 North 5th St #416

City Mankato State MN Zip Code 56001

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

Name of Employer Tim Walz for U S Congress Occupation Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 963.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2006

Transaction ID: SA11A1.9834

Amount of Each Receipt this Period
67.37

In-kind - Greeley Moving Exp Shipping
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 405 North 5th St #416

City Mankato State MN Zip Code 56001

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

Name of Employer Tim Walz for U S Congress Occupation Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1495.82

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2006

Transaction ID: SA11A1.9840

Amount of Each Receipt this Period
531.84

In-kind -Greeley Moving Expenses/Mileage
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **690.08**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kerry Greeley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006
Mailing Address 405 North 5th St #416		Transaction ID: SA11A1.9792
City Mankato State MN Zip Code 56001	Amount of Each Receipt this Period 12.95	
FEC ID number of contributing federal political committee. C		In-kind - Greeley/Landk- amper Meeting <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tim Walz for U S Congress	Occupation Campaign Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1508.77	

Full Name (Last, First, Middle Initial) B. Kerry Greeley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006
Mailing Address 405 North 5th St #416		Transaction ID: SA11A1.9802
City Mankato State MN Zip Code 56001	Amount of Each Receipt this Period 103.53	
FEC ID number of contributing federal political committee. C		In-kind - Stampcreator, Labels, etc <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tim Walz for U S Congress	Occupation Campaign Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1612.30	

Full Name (Last, First, Middle Initial) C. Kerry Greeley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006
Mailing Address 405 North 5th St #416		Transaction ID: SA11A1.9796
City Mankato State MN Zip Code 56001	Amount of Each Receipt this Period 27.92	
FEC ID number of contributing federal political committee. C		In-kind - Greeley/Humprey Meeting <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tim Walz for U S Congress	Occupation Campaign Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1640.22	

SUBTOTAL of Receipts This Page (optional) ▶	144.40
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Kerry Greeley

Mailing Address 405 North 5th St #416

City State Zip Code
Mankato MN 56001

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

Name of Employer
Tim Walz for U S Congress

Occupation
Campaign Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1655.09

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.9788

Amount of Each Receipt this Period
14.87

In-kind - Notebooks, Fund-raising Items
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dannie H Gustafson

Mailing Address 1750 Kyllö Ln

City State Zip Code
Eagan MN 55122

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

Name of Employer
Cass Group

Occupation
Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 28 / 2006

Transaction ID: SA11A1.9140

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 150 Chancery Lane

City State Zip Code
Mankato MN 56001

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

Name of Employer
Student

Occupation
Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.9523

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **464.87**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
ARTHUR HASKELL

Mailing Address 287 Sheridan Rd.

City State Zip Code
Oakland CA 94618

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.7635

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 121 Ridge Lane

City State Zip Code
Mankato MN 56001

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.9372

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 121 Ridge Lane

City State Zip Code
Mankato MN 56001

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

Name of Employer Self Occupation Piano Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.9373

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Diane Hofstede		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 610 Ramsey St		Transaction ID: SA11A1.9246	
City State Zip Code Minneapolis MN 55413	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer City of Minneapolis	Occupation Arts Council		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. David Holland		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address 2416 Dupont Ave South		Transaction ID: SA11A1.6870	
City State Zip Code Minneapolis MN 55405	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dale Howey		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2006	
Mailing Address P O Box 130876		Transaction ID: SA11A1.6783	
City State Zip Code Saint Paul MN 55113	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Ihrig		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 320 Ridgewood St		Transaction ID: SA11A1.9238	
City Mankato	State MN	Amount of Each Receipt this Period 50.00	
Zip Code 56001		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer ISD 77	Occupation Educator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Robert Jeddelloh		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 1606 W 28th St		Transaction ID: SA11A1.9602	
City Minneapolis	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55408		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2006 <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) C. B Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 1855 Rome Ave		Transaction ID: SA11A1.9694	
City St Paul	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55116		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Robins, Kaplan, Miller	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial) Daniel Kahn		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 770 Chestnut St		Transaction ID: SA11A1.9642	
City State Zip Code Needham MA 02492		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cast Farm	Occupation Farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Richard Kahn		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address 2895 Ella Lane		Transaction ID: SA11A1.6872	
City State Zip Code Minnetonka MN 55365		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NAHTEF	Occupation Affordable Housing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

C. Full Name (Last, First, Middle Initial) Richard Kahn		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 2895 Ella Lane		Transaction ID: SA11A1.9243	
City State Zip Code Minnetonka MN 55365		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NAHTEF	Occupation Affordable Housing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Samuel L Kaplan		Date of Receipt MM / DD / YYYY 03 / 10 / 2006
Mailing Address 510 River St		Transaction ID: SA11A1.9074
City Minneapolis	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kaplan, Stranes & Kaplan	Occupation Attorney	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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) B. Michael Kearney		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 104 Goodyear Ave		Transaction ID: SA11A1.9121
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Orthopaedic & Fracture Clinic	Occupation Physician	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Garrison Keillor		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 427 Portland		Transaction ID: SA11A1.9668
City St Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Writer	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Sophie Bell Kelley

Mailing Address 121 Blake Rd S

City Hopkins State MN Zip Code 55242

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

Name of Employer Brooklyn Center Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.9215

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 208 Essex Road

City Mankato State MN Zip Code 56001

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

Name of Employer First Presbyterian Church Occupation Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2006

Transaction ID: SA11A1.9114

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2037 Roe Crest Dr

City N Mankato State MN Zip Code 56003

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

Name of Employer ISD 77 Occupation Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 24 / 2006

Transaction ID: SA11A1.6855

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas A Kleewein

Mailing Address 6118 Churchwood Lane

City State Zip Code
Greendale WI 53129

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

Name of Employer Occupation
LaMacchia Enterprises, Inc Software Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

320.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: SA11A1.6611

Amount of Each Receipt this Period
320.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 416 6th St SE

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Occupation
Hennepin Co District Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: SA11A1.6864

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 416 6th St SE

City State Zip Code
Minneapolis MN 55414

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

Name of Employer Occupation
Hennepin Co District Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2006

Transaction ID: SA11A1.9212

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. John Kluge		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1833 Crestview Dr		Transaction ID: SA11A1.9003	
City State Zip Code New Ulm MN 56073	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Emergency Care	Occupation Physician	Receipt For: 2006 <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) B. Joan M Krikava		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 308 S Broadway		Transaction ID: SA11A1.9775	
City State Zip Code New Ulm MN 56073	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Physicians Group	Occupation Physician	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Norma Krumwiede		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 6	
Mailing Address 32626 - 800th Ave		Transaction ID: SA11A1.9449	
City State Zip Code Madelia MN 56062	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Univ of MN - Mankato	Occupation Professor of Nursing	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Mary Lou Kudela

Mailing Address 62543 Shorewood Lane

City State Zip Code
Madison Lake MN 56063

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

Name of Employer
Greater Mankato Diversity Coun

Occupation
Education Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.9590

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Ernest W Lampe

Mailing Address 143 Chancery Lane

City State Zip Code
Mankato MN 56001

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

Name of Employer
Self

Occupation
Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2006

Transaction ID: SA11A1.6785

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Ernest W Lampe

Mailing Address 143 Chancery Lane

City State Zip Code
Mankato MN 56001

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

Name of Employer
Self

Occupation
Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2006

Transaction ID: SA11A1.6888

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. F. Bruce Lewis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 4300 Cottage Park Rd		Transaction ID: SA11A1.6498	
City State Zip Code White Bear Lake MN 55110	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer United Chemo Therapy Center	Occupation Physician		
Receipt For: 2006 <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) B. F. Bruce Lewis		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 4300 Cottage Park Rd		Transaction ID: SA11A1.9420	
City State Zip Code White Bear Lake MN 55110	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer United Chemo Therapy Center	Occupation Physician		
Receipt For: 2006 <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) C. Mark Liebow		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address 1018 Hickory Lane		Transaction ID: SA11A1.9765	
City State Zip Code Rochester MN 55902	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
David Lilly

Mailing Address 2800 Kemilworth PI

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
Ford Bell for Senate Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: SA11A1.9021

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 800 Hennepin Ave

City State Zip Code
Minneapolis MN 55403

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: SA11A1.6515

Amount of Each Receipt this Period
1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 487 Dover Road, P.O. Box 271

City State Zip Code
South Newfane VT 05351

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

Name of Employer Occupation
THE MITRE CORPORATION WRITER-EDITOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: SA11A1.8342

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Hans Madland		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 710 Main Street		Transaction ID: SA11A1.6791	
City State Zip Code Winona MN 55987	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Teacher	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Hans Madland		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address 710 Main Street		Transaction ID: SA11A1.9496	
City State Zip Code Winona MN 55987	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Teacher	Election Cycle-to-Date ▼ 700.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Crissy Makela		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 6	
Mailing Address 1571 Sharon Dr		Transaction ID: SA11A1.9448	
City State Zip Code N Mankato MN 56003	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mankato West High School Occupation Head Coach	Election Cycle-to-Date ▼ 230.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. James Manahan		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address 1200 W River Drive		Transaction ID: SA11A1.9591
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Attorney	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Paul C Matson		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 124 Mayan Way		Transaction ID: SA11A1.9866
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer OFC	Occupation Physician	donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Steven Mayer		Date of Receipt MM / DD / YYYY 01 / 05 / 2006
Mailing Address 134 Oxford Path		Transaction ID: SA11A1.6452
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Disabled	Occupation Disabled	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Steven Mayer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 134 Oxford Path		Transaction ID: SA11A1.6784	
City Mankato	State MN	Amount of Each Receipt this Period 25.00	
Zip Code 56001		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Disabled	Occupation Disabled		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) B. Steven Mayer		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 134 Oxford Path		Transaction ID: SA11A1.9052	
City Mankato	State MN	Amount of Each Receipt this Period 25.00	
Zip Code 56001		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Disabled	Occupation Disabled		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) C. Richard McCluhan		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6	
Mailing Address Rt 6, Box 324A		Transaction ID: SA11A1.9538	
City Mankato	State MN	Amount of Each Receipt this Period 500.00	
Zip Code 56001		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Placement Counselor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
M. Brigid McDonough

Mailing Address 295 Laurel Ave

City State Zip Code
St Paul MN 55102

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

Name of Employer Occupation
Briggs & Morgan Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.9217

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1365 Skyline Dr

City State Zip Code
Winona MN 55987

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

Name of Employer Occupation
Dacota Pathology ltd Pathologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.9541

Amount of Each Receipt this Period
150.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 51550 Stratton Ct

City State Zip Code
Granger IN 46530

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

Name of Employer Occupation
Self Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 03 / 2006

Transaction ID: SA11A1.6765

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Marcia Nagel

Mailing Address 105 Royal Road

City Mankato State MN Zip Code 56001

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

Name of Employer ISD 77 Occupation Counselor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11A1.9568

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 185 Hillwood Drive
PO Box 15

City Lake City State MN Zip Code 55041

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11A1.9753

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 400 Lakeshore Dr

City Madison Lake State MN Zip Code 56063

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

Name of Employer Bolton & Menk Occupation Best Effort

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.9428

Amount of Each Receipt this Period
50.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Art Petrie

Mailing Address 9748 GilesPie St

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation
Asset Development Services Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.9743

Amount of Each Receipt this Period
2000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 801 N Washington Ave #302

City State Zip Code
Minneapolis MN 55402

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

Name of Employer Occupation
Oppenheimer, Wolfe and Don Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2006

Transaction ID: SA11A1.9150

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 208 Claflin Ct

City State Zip Code
Raleigh NC 27614

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

Name of Employer Occupation
Glaxo SmithKline Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.9441

Amount of Each Receipt this Period
1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Lois Quam		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1647 Portland Ave		Transaction ID: SA11A1.9877	
City State Zip Code St Paul MN 55104	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer United Health	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. Lois Quam		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1647 Portland Ave		Transaction ID: SA11A1.9879	
City State Zip Code St Paul MN 55104	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer United Health	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Maura Randall		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 2233 Dream Drive		Transaction ID: SA11A1.9192	
City State Zip Code North Mankato MN 56003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1270.00		

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Maura Randall		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 2233 Dream Drive		Transaction ID: SA11A1.9592	
City State Zip Code North Mankato MN 56003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker Homemaker	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1520.00		

Full Name (Last, First, Middle Initial) B. Paul Ravich		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 4545 IDS Center		Transaction ID: SA11A1.9578	
City State Zip Code Minneapolis MN 55402	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Ravich, Meyer, Kirkman Law Off Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Michael Riley		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 37989 Valley View Rd		Transaction ID: SA11A1.9572	
City State Zip Code St Peter MN 56082	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation MacKenzie & Gustafson Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas J Rosen		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 1235 Yale Place #904		Transaction ID: SA11A1.9543	
City Minneapolis	State MN	Amount of Each Receipt this Period 1000.00	
Zip Code 55403		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Fredrick & Rosen	Occupation CPA		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. James Ryan		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 407 14th St NW		Transaction ID: SA11A1.9710	
City Rochester	State MN	Amount of Each Receipt this Period 150.00	
Zip Code 55903		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Richard C Schiming		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2006	
Mailing Address 117 Mary Circle		Transaction ID: SA11A1.6905	
City North Mankato	State MN	Amount of Each Receipt this Period 200.00	
Zip Code 56001		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer University of MN, Mankato	Occupation Professor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Curtis Schmelling

Mailing Address 609 6th St, SW #2

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
IBM Software Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.9748

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 239 W Skyline Ct

City State Zip Code
Mankato MN 56001

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

Name of Employer Occupation
Blue Earth County Guardian Ad Litem

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2006

Transaction ID: SA11A1.9108

Amount of Each Receipt this Period
75.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 139 S Broadway

City State Zip Code
Albert Lea MN 56007

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

Name of Employer Occupation
Self Chiropractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.9528

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Evelyn Solo

Mailing Address 726 Grant Avenue

City North Mankato State MN Zip Code 56003

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

Name of Employer Nicollet County Occupation Nurse

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3110.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2006

Transaction ID: SA11A1.9643

Amount of Each Receipt this Period
 1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Leah V Solo

Mailing Address 726 Grant Avenue

City North Mankato State MN Zip Code 56003

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

Name of Employer Tim Walz for U S Congress Occupation Political Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 562.62

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2006

Transaction ID: SA11A1.6902

Amount of Each Receipt this Period
 5.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 70 Telemark Dr

City Mankato State MN Zip Code 56001

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2006

Transaction ID: SA11A1.9579

Amount of Each Receipt this Period
 100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1105.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Eric Steinmetz

Mailing Address 822 N 5th St

City Mankato State MN Zip Code 56001

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

Name of Employer Self Occupation Taxi Driver

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.8421

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 133 Coy St

City Mankato State MN Zip Code 56001

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2006

Transaction ID: SA11A1.9764

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert J Tennesen

Mailing Address 2522 Thomas Ave S

City Minneapolis State MN Zip Code 55405

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

Name of Employer Gray Plant & Mooty Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 24 / 2006

Transaction ID: SA11A1.6862

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
William Thiede

Mailing Address 58307 Birch Bluff Lane

City State Zip Code
North Mankato MN 56003

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11A1.9148

Amount of Each Receipt this Period
300.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 7903 Belle Point Dr.

City State Zip Code
Greenbelt MD 20770

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: SA11A1.7549

Amount of Each Receipt this Period
300.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 21384 Dexter Dr

City State Zip Code
Cupertino CA 95014

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

Name of Employer Apple Computers Occupation Programmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: SA11A1.6930

Amount of Each Receipt this Period
250.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Ruth B Usem

Mailing Address 4700 W Lake Harriet Pkwy

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Occupation
New Sidelines, Inc. CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2006

Transaction ID: SA11A1.6781

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 308 1/2 S Minnesota Ave

City State Zip Code
St Peter MN 56082

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

Name of Employer Occupation
Gustavus Adolphus College Director of Forensics

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: SA11A1.6731

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 308 1/2 S Minnesota Ave

City State Zip Code
St Peter MN 56082

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

Name of Employer Occupation
Gustavus Adolphus College Director of Forensics

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2006

Transaction ID: SA11A1.9142

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Paul VonDrasek		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 65 Middagh St 1A		Transaction ID: SA11A1.6604	
City State Zip Code Brooklyn NY 11201		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Harcourt Trade Publishers Sales Director			
Receipt For: 2006 <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) B. Terry L Wade		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 33 South Deep Lake Rd		Transaction ID: SA11A1.6480	
City State Zip Code North Oaks MN 55127		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Robins, Kaplan, Miller... Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Darlene Walz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address Box 197		Transaction ID: SA11A1.6742	
City State Zip Code Butte NE 68722		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Darlene Walz

Mailing Address Box 197

City State Zip Code
Butte NE 68722

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.9460

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8104 Highway Dr

City State Zip Code
Bloomington MN 55438

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: SA11A1.9078

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1519 Pleasant View Dr

City State Zip Code
N Mankato MN 56003

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.9502

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Janet Weir		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006
Mailing Address 405 N 5th St #105		Transaction ID: SA11A1.9465
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) B. Linn Whipple		Date of Receipt M M / D D / Y Y Y Y Y 01 / 17 / 2006
Mailing Address 318 N Norman P O Box 207		Transaction ID: SA11A1.6484
City Ivanhoe	State MN	Zip Code 56142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Retired	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2025.00	

Full Name (Last, First, Middle Initial) C. Linn Whipple		Date of Receipt M M / D D / Y Y Y Y Y 02 / 08 / 2006
Mailing Address 318 N Norman P O Box 207		Transaction ID: SA11A1.6778
City Ivanhoe	State MN	Zip Code 56142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Retired	Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2050.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial) Linn Whipple		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 318 N Norman P O Box 207		Transaction ID: SA11A1.9143	
City State Zip Code Ivanhoe MN 56142		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired		Election Cycle-to-Date ▼ 2075.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Val Whipple		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 318 N Norman P O Box 207		Transaction ID: SA11A1.9779	
City State Zip Code Ivanhoe MN 56142		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Insurance Agent		Election Cycle-to-Date ▼ 2400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Gerard Wimmer		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 15 2nd Avenue SW PO Box 268		Transaction ID: SA11A1.9654	
City State Zip Code Oronoco MN 55960		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Stay at home dad		Election Cycle-to-Date ▼ 1500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Joy G Wolf		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 1000 Cannon Valley Dr #105		Transaction ID: SA11A1.6842	
City Northfield	State MN	Zip Code 55057	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Anne Wray		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address 7047 Da Mar Estates		Transaction ID: SA11A1.9547	
City St Peter	State MN	Zip Code 56082	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fannish Law	Occupation Paralegal	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John C Young		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 17 Oakdale Street #1		Transaction ID: SA11A1.6763	
City Jamaica Plain	State MA	Zip Code 02130	Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C		Donation <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Commonwealth of Massachusetts	Occupation Employee	Election Cycle-to-Date ▼ 475.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	675.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 105
	(check only one)	
<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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Martin Zellar

Mailing Address 801 First Drive NW

City State Zip Code
Austin MN 55912

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

Name of Employer Self Occupation Music

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Transaction ID: SA11A1.6873

Amount of Each Receipt this Period
1000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	50208.66

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 105
	<input type="checkbox"/> 11a <input checked="" 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	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Betty McCollum for Congress

Mailing Address P O Box 14131

City State Zip Code
Saint Paul MN 55114

FEC ID number of contributing federal political committee. **C** C00354688

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11B.9488

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Luther for Congress Volunteer Committee

Mailing Address 6809 Shingle Creek Dr

City State Zip Code
Minneapolis MN 55445

FEC ID number of contributing federal political committee. **C** C00165449

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11B.9435

Amount of Each Receipt this Period
500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin County DFL

Mailing Address No Street Address

City State Zip Code
Fairmont MN 56031

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 19 / 2006

Transaction ID: SA11B.6826

Amount of Each Receipt this Period
200.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 105
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Martin County DFL

Mailing Address No Street Address

City State Zip Code
Fairmont MN 56031

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2006

Transaction ID: SA11B.8927

Amount of Each Receipt this Period
100.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	1300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
AFSCME

Mailing Address 1625 L Street NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11C.9530

Amount of Each Receipt this Period
5000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 900 Seventh St. N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 28 / 2006

Transaction ID: SA11C.9092

Amount of Each Receipt this Period
5000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 900 Seventh St. N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11C.9090

Amount of Each Receipt this Period
5000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17 STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70001037

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2006

Transaction ID: SA11C.9036

Amount of Each Receipt this Period
2500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laborers' Political League

Mailing Address 905 16th St, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2006

Transaction ID: SA11C.9034

Amount of Each Receipt this Period
5000.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address 901 Massachusetts Ave NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 26 / 2006

Transaction ID: SA11C.6833

Amount of Each Receipt this Period
2500.00

Donation
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	25000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 105	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial)
Leah V Solo

Mailing Address 726 Grant Avenue

City State Zip Code
North Mankato MN 56003

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

Name of Employer Occupation
Tim Walz for U S Congress Political Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	6

Transaction ID: SA14.6900

Amount of Each Receipt this Period
235.61

Unspent Travel Advance
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	235.61
TOTAL This Period (last page this line number only)	▶	235.61

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. ABANCO LLC		Transaction ID: SB17.6435 Date of Disbursement 01 / 09 / 2006	
Mailing Address 9573 Chesapeake Drive Suite 200		Amount of Each Disbursement this Period 30.95	
City San Diego	State CA	Zip Code 92123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CC Settlement		001 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. ABANCO LLC		Transaction ID: SB17.6436 Date of Disbursement 01 / 11 / 2006	
Mailing Address 9573 Chesapeake Drive Suite 200		Amount of Each Disbursement this Period 44.91	
City San Diego	State CA	Zip Code 92123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CC Settlement		001 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) C. ABANCO LLC		Transaction ID: SB17.9482 Date of Disbursement 03 / 28 / 2006	
Mailing Address 9573 Chesapeake Drive Suite 200		Amount of Each Disbursement this Period 75.00	
City San Diego	State CA	Zip Code 92123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CC Settlement		001 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

SUBTOTAL of Disbursements This Page (optional)	150.86
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Atwood Properties		Transaction ID: SB17.9337 Date of Disbursement
Mailing Address 209 S Second #200		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Greeley Apt. Deposit	<input type="text" value="001"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="850.00"/>
State: MN	District: 01	

Full Name (Last, First, Middle Initial) B. Beltway Movers		Transaction ID: SB17.9811 Date of Disbursement
Mailing Address 14819 Southlawn Lane		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Rockville	State MD	Zip Code 20850
Purpose of Disbursement In-kind - Greeley move to MN	<input type="text" value="002"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="382.50"/>
State: MN	District: 01	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: SB17.9265 Date of Disbursement
Mailing Address 1895 Adams St		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement minidv 6 pk	<input type="text" value="001"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="35.30"/>
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1267.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. E W Honsa		Transaction ID: SB17.9277	
Mailing Address 320 Spruce Street		Date of Disbursement 03 / 01 / 2006	
City St Paul	State MN	Zip Code 55101-2445	Amount of Each Disbursement this Period 251.45
Purpose of Disbursement Letterhead		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. Kerry Greeley		Transaction ID: SB17.9810	
Mailing Address 405 North 5th St #416		Date of Disbursement 03 / 14 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 382.50
Purpose of Disbursement In-kind - Greeley Moving Exp movers		Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) C. Kerry Greeley		Transaction ID: SB17.9814	
Mailing Address 405 North 5th St #416		Date of Disbursement 03 / 15 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 8.82
Purpose of Disbursement In-kind - Greeley Moving Exp meal		Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶

642.77

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kerry Greeley		Transaction ID: SB17.9818 Date of Disbursement 03 / 15 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 89.99	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - Greeley Moving Exp hotel Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kerry Greeley		Transaction ID: SB17.9822 Date of Disbursement 03 / 16 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 85.68	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - Greeley Moving Exp hotel Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kerry Greeley		Transaction ID: SB17.9826 Date of Disbursement 03 / 17 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 125.32	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - HS Internet Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	300.99
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kerry Greeley		Transaction ID: SB17.9831 Date of Disbursement 03 / 17 / 2006
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 90.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	002 Category/Type	
Purpose of Disbursement In-kind - Greeley Moving Exp hotel		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kerry Greeley		Transaction ID: SB17.9835 Date of Disbursement 03 / 19 / 2006
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 67.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	002 Category/Type	
Purpose of Disbursement In-kind - Greeley Moving Exp Shipping		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kerry Greeley		Transaction ID: SB17.9841 Date of Disbursement 03 / 19 / 2006
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 531.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	002 Category/Type	
Purpose of Disbursement In-kind -Greeley Moving Expenses/Mileage		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	690.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kerry Greeley		Transaction ID: SB17.9794 Date of Disbursement 03 / 21 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 12.95	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - Greeley/Landkamper Meeting Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kerry Greeley		Transaction ID: SB17.9803 Date of Disbursement 03 / 21 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 103.53	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - Stampcreator, Labels, etc Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kerry Greeley		Transaction ID: SB17.9798 Date of Disbursement 03 / 23 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 27.92	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - Greeley/Humphrey Meeting Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	144.40
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kerry Greeley		Transaction ID: SB17.9790 Date of Disbursement 03 / 27 / 2006	
Mailing Address 405 North 5th St #416		Amount of Each Disbursement this Period 14.87	
City Mankato State MN Zip Code 56001	Purpose of Disbursement In-kind - Notebooks, Fundraising Items Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hertz		Transaction ID: SB17.9310 Date of Disbursement 03 / 16 / 2006	
Mailing Address 8400 Airport		Amount of Each Disbursement this Period 282.54	
City Mobile State AL Zip Code 36608	Purpose of Disbursement Rental - AL trip - National Guard Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hickorytech		Transaction ID: SB17.6409 Date of Disbursement 01 / 06 / 2006	
Mailing Address 2730 3rd Ave PO Box 3288		Amount of Each Disbursement this Period 75.96	
City Mankato State MN Zip Code 56002-3288	Purpose of Disbursement Office Phone Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	373.37
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Hickorytech		Transaction ID: SB17.6657 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 2730 3rd Ave PO Box 3288		Amount of Each Disbursement this Period 75.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56002-3288		
Purpose of Disbursement Office Phone Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hickorytech		Transaction ID: SB17.9271 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 2730 3rd Ave PO Box 3288		Amount of Each Disbursement this Period 75.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56002-3288		
Purpose of Disbursement Office Phones Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hickorytech		Transaction ID: SB17.9267 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 2730 3rd Ave PO Box 3288		Amount of Each Disbursement this Period 440.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56002-3288		
Purpose of Disbursement Phone banking lines Candidate Name TIM WALZ FOR US CONGRESS	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	590.68
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. IRS - Dept of Treasury		Transaction ID: SB17.6441 Date of Disbursement 01 / 10 / 2006	
Mailing Address None Available		Amount of Each Disbursement this Period 2247.02	
City Philadelphia State PA Zip Code 19255	Purpose of Disbursement Quarterly Payment (Fed Tax) Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. IRS - Dept of Treasury		Transaction ID: SB17.6442 Date of Disbursement 01 / 17 / 2006	
Mailing Address None Available		Amount of Each Disbursement this Period 240.00	
City Philadelphia State PA Zip Code 19255	Purpose of Disbursement Fed UI Tax Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Keeping America's Promise		Transaction ID: SB17.9345 Date of Disbursement 03 / 06 / 2006	
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 2042.72	
City Washington State DC Zip Code 20005	Purpose of Disbursement Compliance Servi & Cred Cd Process Fees Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4529.74
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Keeping America's Promise		Transaction ID: SB17.9346 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 73.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005		
Purpose of Disbursement Cred Crd Process Fees	001 Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Keeping America's Promise		Transaction ID: SB17.9481 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 2.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005		
Purpose of Disbursement Credit Card Processing Fee	001 Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Keeping America's Promise		Transaction ID: SB17.9855 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 0.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005		
Purpose of Disbursement Credit Card Processing Fees	001 Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	76.19
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Midwest Wireless		Transaction ID: SB17.6408 Date of Disbursement																					
Mailing Address 1870 Madison Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	6		2	0	0	6														
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign Cell Phones		001 Category/ Type	416.67																				
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. Midwest Wireless		Transaction ID: SB17.6720 Date of Disbursement																					
Mailing Address 1870 Madison Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	7		2	0	0	6														
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign Cell Phones		001 Category/ Type	266.89																				
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

Full Name (Last, First, Middle Initial) C. Midwest Wireless		Transaction ID: SB17.9274 Date of Disbursement																					
Mailing Address 1870 Madison Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	6														
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign Cell Phones		001 Category/ Type	325.53																				
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	▶	1009.09
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.9842																					
A. Mileage Reimbursement		Date of Disbursement																					
Mailing Address n/a		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Mankato	MN	56001	531.84																				
Purpose of Disbursement In-kind - Greeley move mileage		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name TIM WALZ FOR US CONGRESS		002																					
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.6443																					
B. Minnesota Dept of Employment		Date of Disbursement																					
Mailing Address 390 Robert St North		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	6		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Saint Paul	MN	55101	299.00																				
Purpose of Disbursement Quarterly MN UI		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name TIM WALZ FOR US CONGRESS		001																					
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.6440																					
C. Minnesota Dept of Revenue		Date of Disbursement																					
Mailing Address 600 North Robert Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	0		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Saint Paul	MN	55146	493.50																				
Purpose of Disbursement Quarterly Payment		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name TIM WALZ FOR US CONGRESS		001																					
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	▶	1324.34
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. MN Worker's Compensation Assigned Risk Plan		Transaction ID: SB17.6421 Date of Disbursement
Mailing Address c/o Berkley Risk		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Minneapolis	State MN	Zip Code 55402
Purpose of Disbursement Workers Comp Insurance	<input type="text" value="001"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. MN Worker's Compensation Assigned Risk Plan		Transaction ID: SB17.9298 Date of Disbursement
Mailing Address c/o Berkley Risk		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Minneapolis	State MN	Zip Code 55402
Purpose of Disbursement 2005 Adjustment Workers' Comp	<input type="text" value="001"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. NGP Software, Inc		Transaction ID: SB17.6431 Date of Disbursement
Mailing Address 5505 Connecticut Avenue NW PMB 277		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Washington	State DC	Zip Code 20015
Purpose of Disbursement 3 month Rental and Web Pkg	<input type="text" value="001"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2247.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.6410 Date of Disbursement
Mailing Address 2020 Adams St		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Office Supplies		<input type="text" value="001"/> Category/Type
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="63.17"/>
State: MN	District: 01	

Full Name (Last, First, Middle Initial) B. Office Max #766		Transaction ID: SB17.6418 Date of Disbursement
Mailing Address 2020 Adams St		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Paper		<input type="text" value="003"/> Category/Type
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="66.34"/>
State: MN	District: 01	

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6423 Date of Disbursement
Mailing Address 2020 Adams St		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Envelopes, labels		<input type="text" value="001"/> Category/Type
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="40.95"/>
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="170.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.6659	
Mailing Address 2020 Adams St		Date of Disbursement 01 / 30 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 111.59
Purpose of Disbursement Doc file, USB		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. Office Max #766		Transaction ID: SB17.6660	
Mailing Address 2020 Adams St		Date of Disbursement 02 / 06 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 115.20
Purpose of Disbursement pct folders, mail labels		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 01			

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6661	
Mailing Address 2020 Adams St		Date of Disbursement 02 / 07 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 22.87
Purpose of Disbursement Envelopes		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 01			

SUBTOTAL of Disbursements This Page (optional)	249.66
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.6662 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 83.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Envelopes/mail label/ink cartridge Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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. Office Max #766		Transaction ID: SB17.6663 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 48.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement stampcreator/mail labels Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6664 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 6
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 55.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement mail labels Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	187.09
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.9801 Date of Disbursement
Mailing Address 2020 Adams St		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement In-kind - Envelopes	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="75.16"/>
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" 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: MN	District: 01	

Full Name (Last, First, Middle Initial) B. Office Max #766		Transaction ID: SB17.6665 Date of Disbursement
Mailing Address 2020 Adams St		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement paper, inkjet	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="66.63"/>
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6666 Date of Disbursement
Mailing Address 2020 Adams St		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement putty, tape, pct fldr, clips	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="84.00"/>
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="225.79"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.9261 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 268.18	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Office Organizing Materials Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Max #766		Transaction ID: SB17.9266 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 15.35	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Badges, putty Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.9286 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 47.02	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Envelopes, paper Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	330.55
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max #766		Transaction ID: SB17.9300	
Mailing Address 2020 Adams St		Date of Disbursement 03 / 21 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 71.67
Purpose of Disbursement Print Cartridge		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. Office Max #766		Transaction ID: SB17.9804	
Mailing Address 2020 Adams St		Date of Disbursement 03 / 21 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 103.53
Purpose of Disbursement In-kind - stampcreator, labels, etc		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

Full Name (Last, First, Middle Initial) C. Will Pons		Transaction ID: SB17.9254	
Mailing Address 104 Chaucery Lane		Date of Disbursement 02 / 15 / 2006	
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period 314.30
Purpose of Disbursement Salary		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

SUBTOTAL of Disbursements This Page (optional)	489.50
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Will Pons		Transaction ID: SB17.9255 Date of Disbursement																					
Mailing Address 104 Chaucery Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	6														
City Mankato	State MN	Zip Code 56001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary		Category/Type 001	628.50																				
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2006																						
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

Full Name (Last, First, Middle Initial) B. Print Express		Transaction ID: SB17.6649 Date of Disbursement																					
Mailing Address 207 E Main		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	6														
City Luverne	State MN	Zip Code 56156	Amount of Each Disbursement this Period																				
Purpose of Disbursement Shirts		Category/Type 004	1141.51																				
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2006																						
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

Full Name (Last, First, Middle Initial) C. Regency Inn - Mobile		Transaction ID: SB17.9297 Date of Disbursement																					
Mailing Address 180 W I-65 Service Rd S		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	6														
City Mobile	State AL	Zip Code 36608	Amount of Each Disbursement this Period																				
Purpose of Disbursement Walz/Salsbery Rms Alabama Nat'l Guard		Category/Type 002	364.76																				
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2006																						
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	▶	2134.77
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. River Bend Business		Transaction ID: SB17.6648 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1400 Madison Avenue		Amount of Each Disbursement this Period 53.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Printing Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Category/Type 003	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. River Bend Business		Transaction ID: SB17.9262 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 1400 Madison Avenue		Amount of Each Disbursement this Period 80.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Copies and folding Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Category/Type 003	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Meridith Salsbery		Transaction ID: SB17.6403 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 786.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Salary Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Category/Type 001	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	919.75
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Meridith Salsbery		Transaction ID: SB17.6631 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 786.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	Category/Type 001	
Purpose of Disbursement January Payroll		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meridith Salsbery		Transaction ID: SB17.6632 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 66.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	Category/Type 002	
Purpose of Disbursement Travel Reimbursement		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Meridith Salsbery		Transaction ID: SB17.6708 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 583.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001	Category/Type 001	
Purpose of Disbursement Reimb - Digital Camc/tripod		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1436.19
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: SB17.6708.0 Date of Disbursement 02 / 17 / 2006	
Mailing Address 1895 Adams St		Amount of Each Disbursement this Period 583.79	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Digital Camc/tripod Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Meridith Salsbery		Transaction ID: SB17.9260 Date of Disbursement 03 / 01 / 2006	
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 786.00	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Salary Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Meridith Salsbery		Transaction ID: SB17.9275 Date of Disbursement 03 / 01 / 2006	
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 98.20	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Mileage Reimbursement Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	884.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Meridith Salsbery		Transaction ID: SB17.9279 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address 309 Viking Dr		Amount of Each Disbursement this Period 28.87	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Meal/Greeley Interview Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Senate District 23 Mankato Office		Transaction ID: SB17.6405 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6	
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 230.05	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Rent & Long Distance Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Senate District 23 Mankato Office		Transaction ID: SB17.6630 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 185.00	
City Mankato State MN Zip Code 56001	Purpose of Disbursement February 2006 Rent Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	443.92
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Senate District 23 Mankato Office		Transaction ID: SB17.6672 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 7.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement LD calls Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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. Senate District 23 Mankato Office		Transaction ID: SB17.9278 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 630 N Riverfront Dr		Amount of Each Disbursement this Period 185.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001		
Purpose of Disbursement March Rent & LD Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. Sheraton National Hotel		Transaction ID: SB17.9301 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 900 S Orme		Amount of Each Disbursement this Period 350.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22204		
Purpose of Disbursement Travel - Hotel Walz DC - Band of Brother Candidate Name TIM WALZ FOR US CONGRESS Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	544.30
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.6399 Date of Disbursement 01 / 01 / 2006
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 1853.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003		
Purpose of Disbursement Salary Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2006 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) B. Leah V Solo		Transaction ID: SB17.6400 Date of Disbursement 01 / 01 / 2006
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 65.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Mankato State MN Zip Code 56003		
Purpose of Disbursement Reimbursement - Office Max Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2006 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. Office Max #766		Transaction ID: SB17.6400.0 Date of Disbursement 01 / 01 / 2006
Mailing Address 2020 Adams St		Amount of Each Disbursement this Period 65.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Mankato State MN Zip Code 56001		
Purpose of Disbursement Ink Cartridges Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2006 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	1919.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.6634 Date of Disbursement 02 / 01 / 2006	
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 2445.69	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Salary Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leah V Solo		Transaction ID: SB17.9252 Date of Disbursement 03 / 01 / 2006	
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 123.40	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Mileage Reimbursement Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leah V Solo		Transaction ID: SB17.9253 Date of Disbursement 03 / 01 / 2006	
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 2445.69	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Salary Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5014.78
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.9312	
Mailing Address 726 Grant Avenue		Date of Disbursement 03 / 22 / 2006	
City North Mankato	State MN	Zip Code 56003	Amount of Each Disbursement this Period 79.05
Purpose of Disbursement Reimbursement - mileage, USPS, B&N		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. United States Postal Service		Transaction ID: SB17.9312.0	
Mailing Address Mankato Main Post Office		Date of Disbursement 03 / 14 / 2006	
City Mankato	State MN	Zip Code 56001-9998	Amount of Each Disbursement this Period 12.33
Purpose of Disbursement First Class mailings		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Leah V Solo		Transaction ID: SB17.9312.3	
Mailing Address 726 Grant Avenue		Date of Disbursement 03 / 21 / 2006	
City North Mankato	State MN	Zip Code 56003	Amount of Each Disbursement this Period 28.00
Purpose of Disbursement Mileage		002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TIM WALZ FOR US CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN	District: 01		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	79.05
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Leah V Solo		Transaction ID: SB17.9485 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address 726 Grant Avenue		Amount of Each Disbursement this Period 100.00	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Mileage Reimbursement Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Transaction ID: SB17.9485
Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB17.9293 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6	
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 433.40	
City Dallas State TX Zip Code 75235	Purpose of Disbursement Travel - Gural to Alabama/Nat'l Guard Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Transaction ID: SB17.9293
Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

433.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Patrick Tanis		Transaction ID: SB17.6422 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 6	
Mailing Address 922 S 4th St		Amount of Each Disbursement this Period 600.00	
City St Peter State MN Zip Code 56082	Purpose of Disbursement Fundraising Contract Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Transaction ID: SB17.6422
Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

600.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1133.40

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Tony Doom Supply Co		Transaction ID: SB17.6656 Date of Disbursement 02 / 14 / 2006
Mailing Address P.O. Box 525		Amount of Each Disbursement this Period 995.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marshall State MN Zip Code 56258-0525	004 Category/Type	
Purpose of Disbursement 1,000 color posters		
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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. Turner Club		Transaction ID: SB17.9283 Date of Disbursement 02 / 27 / 2006
Mailing Address 102 South State St		Amount of Each Disbursement this Period 1420.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Ulm State MN Zip Code 56073	003 Category/Type	
Purpose of Disbursement Fundraising Event Room Rent		
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6413 Date of Disbursement 01 / 09 / 2006
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 15.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	003 Category/Type	
Purpose of Disbursement Postage		
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01	

SUBTOTAL of Disbursements This Page (optional) ▶	2430.89
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6419 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 72.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Box Rental Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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. United States Postal Service		Transaction ID: SB17.6420 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 13.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6424 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 19.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	104.94
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6426 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 1.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Candidate Name TIM WALZ FOR US CONGRESS	003 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.6432 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 21.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Candidate Name TIM WALZ FOR US CONGRESS	003 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6433 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 50.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Postage Candidate Name TIM WALZ FOR US CONGRESS	003 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	73.04
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6636 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 16.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Priority Mail Service Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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. United States Postal Service		Transaction ID: SB17.6637 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 3.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement First Class Service Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 74.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Bulk Mailing Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	94.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6641 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 2.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/Type 003	
Purpose of Disbursement Env/First Class Mailing		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.6639 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 359.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/Type 001	
Purpose of Disbursement Bulk Mail Cust Permit Dep		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6640 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 62.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/Type 003	
Purpose of Disbursement Bulk Mailing		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	423.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6644 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 8.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Priority Mail Candidate Name TIM WALZ FOR US CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <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. United States Postal Service		Transaction ID: SB17.6643 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 52.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Bulk Mailing Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.6642 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Annual Bulk Mailing Fee Candidate Name TIM WALZ FOR US CONGRESS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	220.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.9273 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 15.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Stamps Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.9256 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Stamps Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.9268 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 34.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998		
Purpose of Disbursement Priority Mailings Candidate Name TIM WALZ FOR US CONGRESS	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	167.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.9292 Date of Disbursement
Mailing Address Mankato Main Post Office		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001-9998
Purpose of Disbursement Priority Mailing	<input type="text" value="001"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. United States Postal Service		Transaction ID: SB17.9290 Date of Disbursement
Mailing Address Mankato Main Post Office		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001-9998
Purpose of Disbursement Bulk Mail - Dayton Fundraiser	<input type="text" value="003"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.9291 Date of Disbursement
Mailing Address Mankato Main Post Office		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001-9998
Purpose of Disbursement Bulk Mailing	<input type="text" value="003"/> Category/Type	
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="667.21"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.9299 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 146.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/Type 003	
Purpose of Disbursement Bulk - Resolicitation Letters		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.9335 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 8.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/Type 001	
Purpose of Disbursement Postage		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.9336 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Mankato Main Post Office		Amount of Each Disbursement this Period 70.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56001-9998	Category/Type 001	
Purpose of Disbursement Postage		
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	225.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: SB17.6668 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 400 E Sky Harbor Blvd		Amount of Each Disbursement this Period 579.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85034		
Purpose of Disbursement 2 RT Airline	002 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: SB17.6671 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 400 E Sky Harbor Blvd		Amount of Each Disbursement this Period 541.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85034		
Purpose of Disbursement Greeley Interview	002 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: SB17.9303 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 400 E Sky Harbor Blvd		Amount of Each Disbursement this Period 134.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85034		
Purpose of Disbursement Fee Change in ticket - Greeley interview	002 Category/ Type	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1255.60
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Malinda VanDuser		Transaction ID: SB17.6404 Date of Disbursement 01 / 01 / 2006	
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 369.40	
City St Peter State MN Zip Code 56082	Purpose of Disbursement Salary Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Malinda VanDuser		Transaction ID: SB17.6414 Date of Disbursement 01 / 12 / 2006	
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 6.08	
City St Peter State MN Zip Code 56082	Purpose of Disbursement Envelopes Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Malinda VanDuser		Transaction ID: SB17.6633 Date of Disbursement 02 / 01 / 2006	
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 369.40	
City St Peter State MN Zip Code 56082	Purpose of Disbursement Salary Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	744.88
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Malinda VanDuser		Transaction ID: SB17.9259 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 433 W Chestnut St		Amount of Each Disbursement this Period 369.40	
City St Peter State MN Zip Code 56082	Purpose of Disbursement Salary Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mr. TIMOTHY J WALZ		Transaction ID: SB17.9396 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 12 VALLEY VIEW PLACE		Amount of Each Disbursement this Period 1241.37	
City MANKATO State MN Zip Code 56001	Purpose of Disbursement Repayment of Loan Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 009 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mr. TIMOTHY J WALZ		Transaction ID: SB17.9399 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 12 VALLEY VIEW PLACE		Amount of Each Disbursement this Period 629.49	
City MANKATO State MN Zip Code 56001	Purpose of Disbursement Repayment of Loan Candidate Name TIM WALZ FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 009 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2240.26
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. TIMOTHY J WALZ		Transaction ID: SB17.6718 Date of Disbursement 01 / 16 / 2006	
Mailing Address 12 VALLEY VIEW PLACE		Amount of Each Disbursement this Period 25.47	
City MANKATO State MN Zip Code 56001	Purpose of Disbursement Atlantic Monthly Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. TIMOTHY J WALZ		Transaction ID: SB17.9317 Date of Disbursement 03 / 03 / 2006	
Mailing Address 12 VALLEY VIEW PLACE		Amount of Each Disbursement this Period 247.79	
City MANKATO State MN Zip Code 56001	Purpose of Disbursement Reimbursement Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kwik Trip		Transaction ID: SB17.9317.1 Date of Disbursement 01 / 22 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 18.75	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	273.26
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Transaction ID: SB17.9317.3 Date of Disbursement 02 / 03 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 31.50	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Travel - Gas Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Transaction ID: SB17.9317.5 Date of Disbursement 02 / 13 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 28.76	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Travel - Gas Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kwik Trip		Transaction ID: SB17.9317.6 Date of Disbursement 01 / 29 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 11.00	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Travel - Gas Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. TIMOTHY J WALZ		Transaction ID: SB17.9401 Date of Disbursement 03 / 27 / 2006	
Mailing Address 12 VALLEY VIEW PLACE		Amount of Each Disbursement this Period 310.18	
City MANKATO State MN Zip Code 56001	Purpose of Disbursement Reimbursements - gas, meal, mileage Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Transaction ID: SB17.9401.0 Date of Disbursement 01 / 29 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 20.00	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Kwik Trip		Transaction ID: SB17.9401.1 Date of Disbursement 02 / 22 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 15.00	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	310.18
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Transaction ID: SB17.9401.2 Date of Disbursement 02 / 24 / 2006
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 17.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas Category/Type 002	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kwik Trip		Transaction ID: SB17.9401.3 Date of Disbursement 02 / 26 / 2006
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 45.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas Category/Type 002	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kwik Trip		Transaction ID: SB17.9401.4 Date of Disbursement 03 / 14 / 2006
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 28.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas Category/Type 002	
Candidate Name TIM WALZ FOR US CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Kwik Trip		Transaction ID: SB17.9401.7 Date of Disbursement 03 / 19 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 20.00	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kwik Trip		Transaction ID: SB17.9401.8 Date of Disbursement 03 / 20 / 2006	
Mailing Address 1271 River Drive		Amount of Each Disbursement this Period 36.75	
City North Mankato State MN Zip Code 56003	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: SB17.6721 Date of Disbursement 02 / 13 / 2006	
Mailing Address 206 E Hickory St		Amount of Each Disbursement this Period 131.14	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Bank Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name TIM WALZ FOR US CONGRESS	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	131.14
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Transaction ID: SB17.9276 Date of Disbursement
Mailing Address 206 E Hickory St		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Annual Non-Use Fee	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="25.00"/>
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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. Wells Fargo Bank		Transaction ID: SB17.9330 Date of Disbursement
Mailing Address 206 E Hickory St		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Bank Fees	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="34.00"/>
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: SB17.9331 Date of Disbursement
Mailing Address 206 E Hickory St		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Bank Fees	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="53.79"/>
Candidate Name TIM WALZ FOR US CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="112.79"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Transaction ID: SB17.9332
Mailing Address 206 E Hickory St		Date of Disbursement MM / DD / YYYY 03 / 14 / 2006
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Return ck fee		Amount of Each Disbursement this Period 5.00
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: MN	District: 01	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Transaction ID: SB17.9333
Mailing Address 206 E Hickory St		Date of Disbursement MM / DD / YYYY 03 / 17 / 2006
City Mankato	State MN	Zip Code 56001
Purpose of Disbursement Returned ck fee		Amount of Each Disbursement this Period 5.00
Candidate Name TIM WALZ FOR US CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: MN	District: 01	

SUBTOTAL of Disbursements This Page (optional) ►

10.00

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

40742.95

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 105 / 105
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TIM WALZ FOR US CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. TIMOTHY J WALZ	Nature of Debt (Purpose): Campaign Expenses
Mailing Address 12 VALLEY VIEW PLACE	
City State ZIP Code MANKATO MN 56001	

Outstanding Balance Beginning This Period <input type="text" value="1241.37"/>	Transaction ID: SD10.6062	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1241.37"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. TIMOTHY J WALZ	Nature of Debt (Purpose): Campaign Travel Expenses
Mailing Address 12 VALLEY VIEW PLACE	
City State ZIP Code MANKATO MN 56001	

Outstanding Balance Beginning This Period <input type="text" value="629.49"/>	Transaction ID: SD10.6295	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="629.49"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="0.00"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>