

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

Rod Grams for Congress

ADDRESS (number and street) PO Box 15128

Check if different than previously reported. (ACC) Duluth MN 55816

2. **FEC IDENTIFICATION NUMBER** C00425025 **CITY** **STATE** MN **ZIP CODE** MN 6 **STATE DISTRICT**

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 11 07 2006 in the State of MN

5. Covering Period 10 19 2006 through 11 27 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 Robert A. Lufholm

Signature of Treasurer Electronically Filed by Robert A. Lufholm Date 12 07 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

Rod Grams for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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)).....	83547.00	428974.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	83547.00	428974.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	98680.18	428406.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	621.79	4463.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	98058.39	423943.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	235.46	
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).....	25000.00	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Rod Grams for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for																																
11. CONTRIBUTIONS (other than loans) FROM:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>7</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> <p>(date of general election)</p>	M	M	1	1	D	D	0	7	Y	Y	Y	Y	2	0	0	6	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>8</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> <p>(date after general election)</p>	M	M	1	1	D	D	0	8	Y	Y	Y	Y	2	0	0	6
M	M																																	
1	1																																	
D	D																																	
0	7																																	
Y	Y	Y	Y																															
2	0	0	6																															
M	M																																	
1	1																																	
D	D																																	
0	8																																	
Y	Y	Y	Y																															
2	0	0	6																															
(a) Individuals/Persons Other than Political Committees		<p>through</p> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>7</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> <p>(last day of reporting period)</p>	M	M	1	1	D	D	2	7	Y	Y	Y	Y	2	0	0	6																
M	M																																	
1	1																																	
D	D																																	
2	7																																	
Y	Y	Y	Y																															
2	0	0	6																															
(i) Itemized (Use Schedule A)																																		
40470.00																																		
(ii) Unitemized																																		
15537.00																																		
(iii) Total of contributions from individuals																																		
56007.00	319484.00	7250.00																																
(b) Political Party Committees																																		
3490.00	16940.00	300.00																																
(c) Other Political Committees																																		
24050.00	92550.00	500.00																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
83547.00	428974.00	8050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
621.79	4463.74	521.79
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
84168.79	433437.74	8571.79

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Rod Grams for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
98680.18	428406.74	13367.33
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

98680.18	428406.74	13367.33
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

83547.00	428974.00	8050.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

98058.39	423943.00	12845.54
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	14746.85
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	84168.79
25. SUBTOTAL(add Line 23 and Line 24)	98915.64
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	98680.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	235.46

**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 / 84
	<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

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)
Rod Grams for Congress

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

Mailing Address 4040 W 70th St

City State Zip Code
Minneapolis MN 55435-4104

FEC ID number of contributing federal political committee. **C** C00034785

Name of Employer Occupation

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48904

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Back Americas Conservatives PAC

Mailing Address 616 E St NW Apt 802

City State Zip Code
Washington DC 20004-2273

FEC ID number of contributing federal political committee. **C** C00377028

Name of Employer Occupation

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48809

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1201 15th St NW

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

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
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61021.C48528

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
CHS-Agrilience PAC

Mailing Address PO Box 64089

City State Zip Code
Saint Paul MN 55164-0089

FEC ID number of contributing federal political committee. **C** C00149104

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
1 1 / 1 0 / 2 0 0 6

Transaction ID: 61202.C49104

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Eureka Political Action Committee

Mailing Address 7315 Wisconsin Ave Ste 705

City State Zip Code
Bethesda MD 20814-3202

FEC ID number of contributing federal political committee. **C** C00390161

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 61101.C48964

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jim Ramstad Volunteer Committee

Mailing Address 2501 Wayzata Blvd

City State Zip Code
Minneapolis MN 55405-2139

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

Name of Employer Occupation

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61023.C48541

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Krinkie For Congress Committee

Mailing Address PO Box 593

City State Zip Code
Circle Pines MN 55014-0593

FEC ID number of contributing federal political committee. **C** C00410332

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48694

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Leadership PAC 2006

Mailing Address 675 N Washington St Ste 410

City State Zip Code
Alexandria VA 22314-1939

FEC ID number of contributing federal political committee. **C** C00314641

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 61102.C48968

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NorthStar Leadership PAC

Mailing Address 7300 Hudson Blvd N Ste 270A

City State Zip Code
Saint Paul MN 55128-7143

FEC ID number of contributing federal political committee. **C** C00386573

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48721

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Paul Flum Idea Center PAC

Mailing Address 11100 Linpage PI

City State Zip Code
Saint Louis MO 63132-1014

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: 61021.C48527

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Preserving Americas Traditions PAC

Mailing Address 228 S Washington St Ste B20

City State Zip Code
Alexandria VA 22314-5402

FEC ID number of contributing federal political committee. **C** C00383869

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48902

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Recreational Fishing Alliance PAC

Mailing Address PO Box 3080
5738 Route 9

City State Zip Code
New Gretna NJ 08224-3080

FEC ID number of contributing federal political committee. **C** C00363812

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48699

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3050.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial) Rich PAC Mailing Address 1155 21st St NW Ste 300 City Washington State DC Zip Code 20036-3312 FEC ID number of contributing federal political committee. C C00387670 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <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>1</td><td>0</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> Transaction ID: 1020200640C48513 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	9	/	2	0	0	6													

B. Full Name (Last, First, Middle Initial) Snow Pac Mailing Address 175 S West Temple Ste 650 City Salt Lake City State UT Zip Code 84101-1422 FEC ID number of contributing federal political committee. C C00392621 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <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>1</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> Transaction ID: 61122.C49036 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	6	/	2	0	0	6													

C. Full Name (Last, First, Middle Initial) Tallatchee Creek Pac Mailing Address 4460 Galen Cv City Birmingham State AL Zip Code 35242-7459 FEC ID number of contributing federal political committee. C C00363689 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <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>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61031.C48905 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	1	/	2	0	0	6													

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
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 12 / 84	
	(check only one)			
<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
White Castle PAC

Mailing Address 555 W Goodale St

City	State	Zip Code
Columbus	OH	43215-1104

FEC ID number of contributing federal political committee. **C** C00112623

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
1	0	/	2	0	/	2	0	0	6

Transaction ID: 61021.C48526

Amount of Each Receipt this Period
500.00

Receipt
 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)	▶	24050.00

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Adelson

Mailing Address 3355 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-8941

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

Name of Employer Las Vegas Sands, Inc. Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61026.C48586

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 12230 45th Ave N

City Minneapolis State MN Zip Code 55442-2443

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

Name of Employer Professional Instruments Occupation Manufacturing

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 61122.C49069

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 7700 France Ave S

City Minneapolis State MN Zip Code 55435-5847

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

Name of Employer Great Clips Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 61030.C48774

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Robert Benson

Mailing Address 610 Jenisa Dr

City State Zip Code
Saint Cloud MN 56301-9633

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) ▼ 225.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 61026.C48661

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 15260 113th St N

City State Zip Code
Stillwater MN 55082-9575

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

Name of Employer Occupation
Pinnacle Direct, Inc. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: 61101.C48963

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 515 Farrell St N

City State Zip Code
Saint Paul MN 55119-4119

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

Name of Employer Occupation
Century College General Maintenance Worker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: 61026.C48592

Amount of Each Receipt this Period
100.00

Receipt
 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 15 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
John Brandt

Mailing Address 2129 12th Ave E

City State Zip Code
Hibbing MN 55746-1836

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 ▼ 401.00

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

Transaction ID: 61021.C48520

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 470 Circle Dr

City State Zip Code
Denver CO 80206-4111

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61202.C49119

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1328 Hillcrest Ave

City State Zip Code
Saint Paul MN 55116-2206

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

Name of Employer Omni Broadcasting Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C48993

Amount of Each Receipt this Period
500.00

Receipt
 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 16 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Patricia Carlson

Mailing Address 1715 Trail Dr

City State Zip Code
Duluth MN 55803-1536

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: 61202.C49105

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4724 Emerson Ave S

City State Zip Code
Minneapolis MN 55419-5330

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2006

Transaction ID: 61104.C49030

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4724 Emerson Ave S

City State Zip Code
Minneapolis MN 55419-5330

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2006

Transaction ID: 61202.C49102

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 17 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
TJ Conroy

Mailing Address 100 Holly Ln N

City State Zip Code
Minneapolis MN 55447-3548

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

Name of Employer Occupation
Olympic Wall Systems Manager

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
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48736

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 13 W Superior St

City State Zip Code
Duluth MN 55802-2029

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 Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61031.C48907

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1455 Pennsylvania Ave NW Ste 1200

City State Zip Code
Washington DC 20004-1034

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

Name of Employer Occupation
Davis & Harman LLP 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
1 0 / 1 9 / 2 0 0 6

Transaction ID: 1020200640C48512

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 18 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Gerald Dettinger

Mailing Address 13895 Eidelweiss St NW

City State Zip Code
Andover MN 55304-3781

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

Name of Employer Breaking Through Occupation
President

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

500.00

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

Transaction ID: 61030.C48772

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
D. J. Dondelinger

Mailing Address 3656 Terrace Dr

City State Zip Code
Brainerd MN 56401-6882

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

Name of Employer Self Occupation
Car Dealer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48731

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 122 Central Dr W

City State Zip Code
Braham MN 55006-3797

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

Name of Employer Info. Req. Occupation
Info. Req.

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61202.C49125

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 19 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Robert Elsholtz

Mailing Address 55 Peninsula Rd

City State Zip Code
Saint Paul MN 55110-1504

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

Name of Employer Occupation
Overnite Express Manager

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

100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 61202.C49096

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 226 Windsor Ln

City State Zip Code
Saint Paul MN 55112-3366

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

Name of Employer Occupation
Best Effort Best Effort

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

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61026.C48596

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 3744 Cleveland Ave N Apt 226

City State Zip Code
Saint Paul MN 55112-3266

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

Name of Employer Occupation
Self Farm Machinist

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

320.00

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

Transaction ID: 61026.C48652

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	300.00
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 20 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
D.M. Faircloth

Mailing Address PO Box 2145
603 Beamann St

City Clinton State NC Zip Code 28329-2145

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48810

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 995 8th Ave SE

City Forest Lake State MN Zip Code 55025-1605

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61030.C48801

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1320 Old Chain Bridge Rd Ste 420

City Mc Lean State VA Zip Code 22101-3945

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

Name of Employer Self Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61026.C48655

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Orlando Fladmark

Mailing Address 5683 N Shore Dr

City State Zip Code
Duluth MN 55804-2937

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 ▼ 1600.00

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

Transaction ID: 61026.C48657

Amount of Each Receipt this Period
400.00

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

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

Mailing Address 5683 N Shore Dr

City State Zip Code
Duluth MN 55804-2937

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 ▼ 100.00

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

Transaction ID: 61202.C49108

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 5683 N Shore Dr

City State Zip Code
Duluth MN 55804-2937

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 ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 61202.C49100

Amount of Each Receipt this Period
100.00

Receipt
 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 22 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Daryl Forsberg

Mailing Address 136 Pine Ridge Rd

City State Zip Code
Esko MN 55733-9744

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

Name of Employer
Investors of Minnesota Trust

Occupation
Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61030.C48787

Amount of Each Receipt this Period
125.00

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

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

Mailing Address 5775 Wayzata Blvd Ste 700

City State Zip Code
Minneapolis MN 55416-1233

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 ▼
500.00

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

Transaction ID: 61030.C48776

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3928 Everest Ln N

City State Zip Code
Minneapolis MN 55446-3390

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

Name of Employer
Walden University

Occupation
Admissions Director

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
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61030.C48778

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	825.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Harvey Greenberg

Mailing Address 8040 Viking Blvd NW

City Anoka State MN Zip Code 55303-9700

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48700

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 24216 Aspen Dr

City Nisswa State MN Zip Code 56468-8789

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

Name of Employer Self Occupation Mortgage Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48734

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 24216 Aspen Dr

City Nisswa State MN Zip Code 56468-8789

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

Name of Employer Self Occupation Mortgage Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61202.C49122

Amount of Each Receipt this Period
200.00

Receipt
 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) ▶

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
James Gustafson

Mailing Address 1936 Woodhaven Ln

City State Zip Code
Duluth MN 55803-2445

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 ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61202.C49126

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 17950 Breezy Point Rd

City State Zip Code
Wayzata MN 55391-2712

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49032

Amount of Each Receipt this Period
1200.00

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

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

Mailing Address 4648 33rd Ave S

City State Zip Code
Minneapolis MN 55406-3829

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

Name of Employer Occupation
Self Architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48743

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Stanley Hanna

Mailing Address 19212 Grouse Rd

City State Zip Code
Little Falls MN 56345-4076

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) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48744

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 8140 Flying Cloud Dr

City State Zip Code
Eden Prairie MN 55344-5364

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

Name of Employer Self Occupation Real Estate Investor

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61023.C48544

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 13282 Hillview Ln

City State Zip Code
Little Falls MN 56345-6312

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

Name of Employer Self Occupation Radio Work

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: 61026.C48659

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Vernon Heath

Mailing Address 7900 Xerxes Ave S Ste 930

City State Zip Code
Minneapolis MN 55431-1130

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) ▼

1750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61023.C48540

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 2305 Sherwood Cir

City State Zip Code
Minneapolis MN 55431-3955

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) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61024.C48560

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 2536 Greenwood St SW

City State Zip Code
Brainerd MN 56401-8340

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

Name of Employer nexus Occupation Dept. Head

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

400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48740

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Susan Hilgart

Mailing Address 2536 Greenwood St SW

City State Zip Code
Brainerd MN 56401-8340

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

Name of Employer nexus Occupation Dept. Head

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

700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48735

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1411 Ellis Ave

City State Zip Code
Ashland WI 54806-3925

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

Name of Employer Info. Req. Occupation Info. Req.

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
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49015

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 2760 Center Rd

City State Zip Code
Wayzata MN 55391-2719

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) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48702

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Sally Ihne

Mailing Address 1613 Ahrens Hill Rd

City State Zip Code
Brainerd MN 56401

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 Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48739

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 2227 Platwood Rd

City State Zip Code
Hopkins MN 55305-2301

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 ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48817

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 7625 Metro Blvd Ste 140

City State Zip Code
Minneapolis MN 55439-3002

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

Name of Employer Arcon Development Inc. Occupation Real Estate Developer

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48811

Amount of Each Receipt this Period
200.00

Receipt
 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 29 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Robert Klas

Mailing Address 697 Goodrich Ave

City State Zip Code
Saint Paul MN 55105-3525

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

Name of Employer Tapemark Occupation Chairman

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
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48701

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1925 Noble Dr N

City State Zip Code
Minneapolis MN 55422-4158

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 ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61023.C48542

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1925 Noble Dr N

City State Zip Code
Minneapolis MN 55422-4158

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 ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61202.C49131

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Bernard Kolar

Mailing Address 660 Ridgewood Rd

City State Zip Code
Duluth MN 55804-1855

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

Name of Employer Occupation
Kolar Auto Auto Dealer

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

3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48903

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 100 Bank St SE # 1105

City State Zip Code
Minneapolis MN 55414-1009

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

Name of Employer Occupation
Kurt Manufacturing President

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

200.00

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

Transaction ID: 61102.C48970

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1419 Saint Benedict St

City State Zip Code
Duluth MN 55811-2299

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

Name of Employer Occupation
St. Benedicts Church Priest

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

450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61030.C48901

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Richard Kunst

Mailing Address 1419 Saint Benedict St

City State Zip Code
Duluth MN 55811-2299

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

Name of Employer Occupation
St. Benedicts Church Priest

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49017

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 2472 Maple Dr SW

City State Zip Code
Nisswa MN 56468-2015

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

Name of Employer Occupation
Self Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49024

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 23460 Rum River Blvd NW

City State Zip Code
Saint Francis MN 55070-9604

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

Name of Employer Occupation
ALCO Company Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

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

Transaction ID: 61102.C48972

Amount of Each Receipt this Period
100.00

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

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 32 / 84
	<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)
Rod Grams for Congress

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

Mailing Address 3200 W Calhoun Pkwy

City State Zip Code
Minneapolis MN 55416-4685

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) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61024.C48563

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3200 W Calhoun Pkwy

City State Zip Code
Minneapolis MN 55416-4685

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) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 61202.C49101

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4920 Whitetail Dr

City State Zip Code
Hermantown MN 55811-1771

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

Name of Employer Occupation CPA

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
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49016

Amount of Each Receipt this Period
100.00

Receipt
 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 33 / 84
	<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)
Rod Grams for Congress

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

Mailing Address PO Box 408

City State Zip Code
Long Lake MN 55356-0408

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61031.C48908

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 10945 143rd Ave SE

City State Zip Code
Becker MN 55308-4516

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

Name of Employer DPMS Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61122.C49037

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1552 Larpenteur Ave E

City State Zip Code
Saint Paul MN 55109-4628

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

Name of Employer Distribution Systems Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1950.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2006

Transaction ID: 61028.C48732

Amount of Each Receipt this Period
500.00

Receipt
 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 34 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Robert Mars

Mailing Address 4114 London Rd

City State Zip Code
Duluth MN 55804-2245

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

Name of Employer Occupation
WP and RS Mars Co. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61122.C49038

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 6182 Ojibwa Rd

City State Zip Code
Brainerd MN 56401-7028

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

Name of Employer Occupation
Self Comm. Tech.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61031.C48906

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2329 Frederick St

City State Zip Code
Duluth MN 55803-1410

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

Name of Employer Occupation
Self Archeologist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2006

Transaction ID: 61028.C48730

Amount of Each Receipt this Period
500.00

Receipt
 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 35 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Patricia Mast

Mailing Address 2329 Frederick St

City State Zip Code
Duluth MN 55803-1410

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

Name of Employer Self Occupation
Archeologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49018

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 2329 Frederick St

City State Zip Code
Duluth MN 55803-1410

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

Name of Employer Self Occupation
Archeologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C49020

Amount of Each Receipt this Period
-100.00

Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

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

Mailing Address 17900 Comstock Rd

City State Zip Code
Wayzata MN 55391-3312

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 ▼
1000.00

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

Transaction ID: 61021.C48523

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Charles McQuinn

Mailing Address PO Box 229

City Nisswa State MN Zip Code 56468-0229

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

Name of Employer Lake Region Storage Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48737

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 20630 Woodhaven Pl

City Excelsior State MN Zip Code 55331-9273

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

Name of Employer Messerli & Kramer, PA Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 61024.C48562

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Karen Ann Minar

Mailing Address 4660 Weston Woods Way

City Saint Paul State MN Zip Code 55127-6339

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 61206.C49141

Amount of Each Receipt this Period
 300.00

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

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 37 / 84
	<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)
Rod Grams for Congress

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

Mailing Address 215 N Central Ave

City State Zip Code
Duluth MN 55807-2402

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

Name of Employer Occupation
Greystar Electronics Self

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

295.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48722

Amount of Each Receipt this Period
295.00

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

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

Mailing Address 720 Old Howard Mill Rd

City State Zip Code
Duluth MN 55804-1727

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

Name of Employer Occupation
Best Effort Best Effort

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

400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61026.C48605

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 1465 River Hills Pkwy NW

City State Zip Code
Cambridge MN 55008-3723

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) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48704

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **445.00**

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 38 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Perry Nouis

Mailing Address 308 1st St SE

City State Zip Code
Little Falls MN 56345-3006

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

Name of Employer Occupation
Nouis Home Care Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48742

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 276 Pleasant Hill Dr

City State Zip Code
Winona MN 55987-1363

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

Name of Employer Occupation
KHGA, Inc. Owner

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
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61021.C48521

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1104 Cloquet Ave

City State Zip Code
Cloquet MN 55720-1620

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

Name of Employer Occupation
Q. B. Broadcasting Radio Broadcaster

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 61202.C49099

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	950.00
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 / 84
	<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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Dean Rajala		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 506		Transaction ID: 61023.C48543
City State Zip Code Deer River MN 56636-0506	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rajala Timber Company Executive	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Jack Rajala		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 578		Transaction ID: 61027.C48695
City State Zip Code Deer River MN 56636-0578	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rajala Companies Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. David Rehr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1771 N St NW		Transaction ID: 61103.C48990
City State Zip Code Washington DC 20036-2800	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation NAB President	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Floyd Richmond

Mailing Address 17171 Riverwood Dr

City State Zip Code
Little Falls MN 56345-6444

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48741

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 2695 Brookview Dr E

City State Zip Code
Saint Paul MN 55119-4748

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

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

Transaction ID: 61101.C48960

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 9671 County 52 NE

City State Zip Code
Remer MN 56672-4447

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 Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61030.C48783

Amount of Each Receipt this Period
100.00

Receipt
 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 41 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Paul Ritter

Mailing Address 9671 County 52 NE

City Remer State MN Zip Code 56672-4447

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48738

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 18299 Erin Bay

City Eden Prairie State MN Zip Code 55347-2169

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

Name of Employer Bio-Key Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C48992

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 964 Lydia Dr. W

City Saint Paul State MN Zip Code 55113-1923

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

Name of Employer Bonestroo & Assoc. Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61031.C48910

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 / 84
	<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)
Rod Grams for Congress

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

Mailing Address 15720 Birchwood Ln

City State Zip Code
Brainerd MN 56401-6176

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

Name of Employer Self Occupation
Occupation
Ophthamologist

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
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48733

Amount of Each Receipt this Period
500.00

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

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

Mailing Address PO Box 538

City State Zip Code
Grand Rapids MN 55744-0200

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

Name of Employer Sandstroms Occupation
Occupation
Executive

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
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61202.C49113

Amount of Each Receipt this Period
350.00

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

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

Mailing Address PO Box 74

City State Zip Code
Round Lake MN 56167-0074

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

Name of Employer Retired Occupation
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 Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 61101.C48961

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 / 84
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Bron Scherer

Mailing Address 617 Turnberry Ct

City Northfield State MN Zip Code 55057-3423

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

Name of Employer Self Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 61027.C48703

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 6035 S Pike Lake Rd

City Duluth State MN Zip Code 55811-9629

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

Name of Employer Self Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C48991

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address 2400 Bantle Farm Rd

City Hamel State MN Zip Code 55340-9340

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

Name of Employer Stev:1 Med Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 61030.C48786

Amount of Each Receipt this Period
 500.00

Receipt
 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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
John Sullivan

Mailing Address 13233 Homestead Dr

City State Zip Code
Baxter MN 56425-8405

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

Name of Employer Occupation
Nocvillus Land Co Executive

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
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61024.C48564

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 203 2nd St SE

City State Zip Code
Deer River MN 56636-8601

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

Name of Employer Occupation
Self Self

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
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61028.C48720

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 2010 Woodhaven Ln

City State Zip Code
Duluth MN 55803-2447

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

Name of Employer Occupation
USAF Retired

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
1 1 / 1 0 / 2 0 0 6

Transaction ID: 61202.C49107

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Wallin

Mailing Address 1028 Redbud St

City State Zip Code
Duluth MN 55811-1923

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

Name of Employer Occupation
Occupation Banker

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
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61026.C48595

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 726 Ridgewood Rd

City State Zip Code
Duluth MN 55804-1731

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

Name of Employer Occupation
Kraus Anderson Executive

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
1 1 / 0 8 / 2 0 0 6

Transaction ID: 61122.C49064

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 925 Kenwood Ave Apt 1169

City State Zip Code
Duluth MN 55811-2124

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 ▼
1300.00

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

Transaction ID: 61026.C48656

Amount of Each Receipt this Period
500.00

Receipt
 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 46 / 84
	<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Karen Winey

Mailing Address 3 Black Oak Rd

City State Zip Code
Saint Paul MN 55127-6230

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

Name of Employer Occupation
Magnapan, Inc. Executive

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

275.00

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

Transaction ID: 61026.C48668

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 7102 Highway 53

City State Zip Code
Canyon MN 55717-8720

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

Name of Employer Occupation
Info. Req. Info. Req.

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

2100.00

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

Transaction ID: 61102.C48965

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 2261 Northridge Avenue Cir

City State Zip Code
Stillwater MN 55082-2506

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

Name of Employer Occupation
Lakeville Motor Sales CEO

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

2000.00

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

Transaction ID: 61021.C48522

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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 47 / 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Craig Wylie

Mailing Address 547 141st Ln NE

City State Zip Code
Andover MN 55304-4152

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

Name of Employer Occupation
Wolk Creek Elk Ranch Ranch Owner

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

500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2006

Transaction ID: 61206.C49142

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 547 141st Ln NE

City State Zip Code
Andover MN 55304-4152

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

Name of Employer Occupation
Wolk Creek Elk Ranch Ranch Owner

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

500.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2006

Transaction ID: 61206.C49143

Amount of Each Receipt this Period
.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
NOTE: REFUND IN PROCESS

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	40470.00

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 / 84
	<input type="checkbox"/> 11a	<input checked="" 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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Aitkin County Republican Committee

Mailing Address 319 4th Ave NW

City State Zip Code
Aitkin MN 56431-1219

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

Name of Employer Occupation

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
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61024.C48561

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HD 4B Committee

Mailing Address HC 75 Box 127

City State Zip Code
Hackensack MN 56452

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

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
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61021.C48525

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
HD 4B Committee

Mailing Address HC 75 Box 127

City State Zip Code
Hackensack MN 56452

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61031.C48928

Amount of Each Receipt this Period
450.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
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 49 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input 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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
HD 7A

Mailing Address 50 E Calvary Rd

City State Zip Code
Duluth MN 55803-1513

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61102.C48969

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HD 7A

Mailing Address 50 E Calvary Rd

City State Zip Code
Duluth MN 55803-1513

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
11 / 10 / 2006

Transaction ID: 61202.C49106

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Pat Anderson For State Auditor

Mailing Address 4005 Deerwood Trl

City State Zip Code
Saint Paul MN 55122-1885

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 1020200640C48514

Amount of Each Receipt this Period
240.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1540.00
TOTAL This Period (last page this line number only)	▶	3490.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 84	
	(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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial)
Republican Party of MN

Mailing Address 525 Park St Ste 250

City State Zip Code
Saint Paul MN 55103-2145

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

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

Transaction ID: 61202.C49089

Amount of Each Receipt this Period
100.00

Offsets to Operating Expenditure
 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)	▶	100.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial) 3wi		Transaction ID: 61104.E592 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box 783		Amount of Each Disbursement this Period 500.00	
City Brainerd State MN Zip Code 56401-0783	Purpose of Disbursement RADIO ADS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO ADS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

B. Full Name (Last, First, Middle Initial) Amoco Oil		Transaction ID: 61202.E689 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 42 Outer Dr		Amount of Each Disbursement this Period 100.00	
City Silver Bay State MN Zip Code 55614-1102	Purpose of Disbursement GAS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

C. Full Name (Last, First, Middle Initial) Amoco Oil		Transaction ID: 61127.E639 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 42 Outer Dr		Amount of Each Disbursement this Period 200.00	
City Silver Bay State MN Zip Code 55614-1102	Purpose of Disbursement GAS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

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)

<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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Aristotle		Transaction ID: 61104.E604 Date of Disbursement 10 / 30 / 2006	
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement SOFTWARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOFTWARE	

Full Name (Last, First, Middle Initial) B. Authorize.net		Transaction ID: 61127.E633 Date of Disbursement 11 / 02 / 2006	
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 31.80	
City American Fork State UT Zip Code 84003-3373	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEES	

Full Name (Last, First, Middle Initial) C. Authorize.net		Transaction ID: 61206.E698 Date of Disbursement 11 / 02 / 2006	
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 6.37	
City American Fork State UT Zip Code 84003-3373	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEES	

SUBTOTAL of Disbursements This Page (optional) ▶	538.17
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. BI Broadcasting		Transaction ID: 61104.E590 Date of Disbursement 10 / 27 / 2006
Mailing Address P. O. Box 650		Amount of Each Disbursement this Period 3124.00
City Eveleth State MN Zip Code 55734-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADS	Candidate Name	RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BOB 106		Transaction ID: 61104.E601 Date of Disbursement 10 / 30 / 2006
Mailing Address 32215 124th St		Amount of Each Disbursement this Period 624.00
City Princeton State MN Zip Code 55371-3390	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADS	Candidate Name	RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bogart Associates Inc		Transaction ID: 61104.E603 Date of Disbursement 10 / 30 / 2006
Mailing Address 1200 Trinity Dr		Amount of Each Disbursement this Period 648.10
City Alexandria State VA Zip Code 22314-4724	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EVENT	Candidate Name	FUNDRAISING EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4396.10
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Caseys General Store		Transaction ID: 61026.E577 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 100 E Main St		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marshall State MN Zip Code 56258-1836	Category/Type <input type="checkbox"/>	
Purpose of Disbursement GAS	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	GAS
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Clear Channel		Transaction ID: 61104.E596 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 14 East Central Entrance		Amount of Each Disbursement this Period 2989.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55802-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement RADIO ADS	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RADIO ADS
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Clear Channel		Transaction ID: 61127.E632 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 14 East Central Entrance		Amount of Each Disbursement this Period 1206.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55802-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement RADIO ADS	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RADIO ADS
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	4295.00
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Clearwire		Transaction ID: 61127.E645 Date of Disbursement 11 / 07 / 2006
Mailing Address 2021 W 2nd St		Amount of Each Disbursement this Period 35.30
City Duluth State MN Zip Code 55806-2040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET Candidate Name	Category/Type	INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Clearwire		Transaction ID: 61127.E643 Date of Disbursement 11 / 07 / 2006
Mailing Address 2021 W 2nd St		Amount of Each Disbursement this Period 35.35
City Duluth State MN Zip Code 55806-2040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET Candidate Name	Category/Type	INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cloudnet		Transaction ID: 61104.E610 Date of Disbursement 10 / 30 / 2006
Mailing Address 26 6th Ave N Ste 110		Amount of Each Disbursement this Period 90.00
City Saint Cloud State MN Zip Code 56303-4747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET Candidate Name	Category/Type	INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	160.65
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Terry Cooper		Transaction ID: 61127.E661 Date of Disbursement 11 / 21 / 2006
Mailing Address 3539 S Utah St		Amount of Each Disbursement this Period 1500.00
City Arlington	State VA	
Zip Code 22206-1815		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONSULTANT		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	CONSULTANT	

Full Name (Last, First, Middle Initial) B. Froggys Signs		Transaction ID: 61127.E656 Date of Disbursement 11 / 13 / 2006
Mailing Address 1402 W Broadway		Amount of Each Disbursement this Period 85.00
City Little Falls	State MN	
Zip Code 56345-1446		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SIGNS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	SIGNS	

Full Name (Last, First, Middle Initial) C. Jon Goodrich		Transaction ID: 61202.E672 Date of Disbursement 10 / 31 / 2006
Mailing Address 3132 Birch Pl		Amount of Each Disbursement this Period 1275.45
City Hopkins	State MN	
Zip Code 55305-4513		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement WAGES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	WAGES	

SUBTOTAL of Disbursements This Page (optional) ▶	2860.45
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)
Rod Grams for Congress

A. Full Name (Last, First, Middle Initial) Jon Goodrich		Transaction ID: 61122.E629 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 3132 Birch Pl		Amount of Each Disbursement this Period 94.72
City Hopkins State MN Zip Code 55305-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE

B. Full Name (Last, First, Middle Initial) Jon Goodrich		Transaction ID: 61122.E628 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 3132 Birch Pl		Amount of Each Disbursement this Period 298.57
City Hopkins State MN Zip Code 55305-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE

C. Full Name (Last, First, Middle Initial) Jon Goodrich		Transaction ID: 61202.E673 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 3132 Birch Pl		Amount of Each Disbursement this Period 611.18
City Hopkins State MN Zip Code 55305-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES

SUBTOTAL of Disbursements This Page (optional) ▶	1004.47
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)
Rod Grams for Congress

A. Rod Grams Full Name (Last, First, Middle Initial) Mailing Address 1710 Mall Dr City Duluth State MN Zip Code 55811-3849 Purpose of Disbursement REIMB. SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61122.E631 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1755.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMB. SEE BELOW
--	--	--

B. KGHS KSDM Radio Full Name (Last, First, Middle Initial) Mailing Address 519 3rd Street City International Fall State MN Zip Code 56649- Purpose of Disbursement RADIO ADS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61129.E662 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1113.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RADIO ADS
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C. Pine City Pioneer Full Name (Last, First, Middle Initial) Mailing Address 930 Cleveland St S City Cambridge State MN Zip Code 55008-1785 Purpose of Disbursement ADS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61129.E663 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 304.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ADS
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SUBTOTAL of Disbursements This Page (optional) ▶	1755.75
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Pine City Pioneer		Transaction ID: 61129.E664 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 930 Cleveland St S		Amount of Each Disbursement this Period 337.50
City Cambridge State MN Zip Code 55008-1785	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADS	Category/ Type	[MEMO ITEM] MEMO: ADS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Rod Grams		Transaction ID: 61202.E680 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1710 Mall Dr		Amount of Each Disbursement this Period 742.22
City Duluth State MN Zip Code 55811-3849	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE REIMB.	Category/ Type	AIRFARE REIMB.
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Matt Heimdahl		Transaction ID: 61104.E620 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 2058 Palace Ave		Amount of Each Disbursement this Period 1350.00
City Saint Paul State MN Zip Code 55105-1732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONSULTANT	Category/ Type	POLITICAL CONSULTANT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2092.22
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Holiday Gas		Transaction ID: 61202.E682 Date of Disbursement 10 / 23 / 2006	
Mailing Address 3 W Hwy 61		Amount of Each Disbursement this Period 152.61	
City Grand Marais State MN Zip Code 55604-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type GAS	

Full Name (Last, First, Middle Initial) B. Iron Range Broadcasting		Transaction ID: 61104.E597 Date of Disbursement 10 / 30 / 2006	
Mailing Address Hwy 53		Amount of Each Disbursement this Period 1188.00	
City Eveleth State MN Zip Code 55734-	Purpose of Disbursement RADIO ADS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type RADIO ADS	

Full Name (Last, First, Middle Initial) C. Ivens on the Bay		Transaction ID: 1020200640E558 Date of Disbursement 10 / 19 / 2006	
Mailing Address 19090 State Highway 371		Amount of Each Disbursement this Period 500.00	
City Brainerd State MN Zip Code 56401-7004	Purpose of Disbursement FUNDRAISING EVENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type FUNDRAISING EVENT	

SUBTOTAL of Disbursements This Page (optional) ▶	1840.61
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Ivens on the Bay		Transaction ID: 61202.E684 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 19090 State Highway 371		Amount of Each Disbursement this Period 285.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brainerd State MN Zip Code 56401-7004	Category/Type	
Purpose of Disbursement FUNDRAISING EVENT Candidate Name		FUNDRAISING EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. KKIN Radio		Transaction ID: 61104.E600 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 37208 US Highway 169		Amount of Each Disbursement this Period 1215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aitkin State MN Zip Code 56431-4195	Category/Type	
Purpose of Disbursement RADIO ADS Candidate Name		RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KMFY/KOZY Radio		Transaction ID: 61202.E687 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 597		Amount of Each Disbursement this Period 1170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MN Zip Code 55744-0597	Category/Type	
Purpose of Disbursement RADIO ADS Candidate Name		RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2670.54
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Low Latto Braodcasting		Transaction ID: 61104.E598 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 650		Amount of Each Disbursement this Period 726.00	
City Eveleth State MN Zip Code 55734-0650	Purpose of Disbursement RADIO ADS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type RADIO ADS	

Full Name (Last, First, Middle Initial) B. Elaine Lobitz		Transaction ID: 61104.E619 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 6375 Saint Croix Trl N Apt 251		Amount of Each Disbursement this Period 3000.00	
City Stillwater State MN Zip Code 55082-6961	Purpose of Disbursement CONSULTANT- FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CONSULTANT- FUNDRAISER	

Full Name (Last, First, Middle Initial) C. Elaine Lobitz		Transaction ID: 61202.E679 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 6375 Saint Croix Trl N Apt 251		Amount of Each Disbursement this Period 806.00	
City Stillwater State MN Zip Code 55082-6961	Purpose of Disbursement CONSULTANT - FUNDRAISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CONSULTANT - FUNDRAISING	

SUBTOTAL of Disbursements This Page (optional) ▶	4532.00
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Look Signs Inc.		Transaction ID: 61202.E681 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5635 142nd Ave NW		Amount of Each Disbursement this Period 499.25
City Anoka State MN Zip Code 55303-4625	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LAPEL STICKERS	Candidate Name	LAPEL STICKERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meeting Bridge		Transaction ID: 61127.E641 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 705 Hunting Ridge Rd		Amount of Each Disbursement this Period 282.18
City Stamford State CT Zip Code 06903-2228	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE CALLING	Candidate Name	CONFERENCE CALLING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Midwest Communications		Transaction ID: 61104.E589 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 715 E Central Entrance		Amount of Each Disbursement this Period 2563.00
City Duluth State MN Zip Code 55811-5596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADS	Candidate Name	RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3344.43
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Midwest Communications		Transaction ID: 61104.E615 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 715 E Central Entrance		Amount of Each Disbursement this Period 1198.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55811-5596	Purpose of Disbursement RADIO ADS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RADIO ADS

Full Name (Last, First, Middle Initial) B. Minnesota Power		Transaction ID: 61104.E621 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1923 Norton Rd		Amount of Each Disbursement this Period 111.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55803-1644	Purpose of Disbursement UTILITIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) C. MJN Investment		Transaction ID: 61127.E651 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 1700 Mall Dr		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55811-3849	Purpose of Disbursement RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT

SUBTOTAL of Disbursements This Page (optional) ▶	2509.25
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. My Merchant Card Service International		Transaction ID: 61030.E587
Mailing Address PO Box 5180		Date of Disbursement 10 / 19 / 2006
City Simi Valley	State CA	Zip Code 93062-5180
Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/>	Amount of Each Disbursement this Period 9.74
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEE
State: District:		

Full Name (Last, First, Middle Initial) B. My Merchant Card Service International		Transaction ID: 61030.E586
Mailing Address PO Box 5180		Date of Disbursement 10 / 20 / 2006
City Simi Valley	State CA	Zip Code 93062-5180
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/>	Amount of Each Disbursement this Period 108.07
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) C. My Merchant Card Service International		Transaction ID: 61030.E588
Mailing Address PO Box 5180		Date of Disbursement 10 / 30 / 2006
City Simi Valley	State CA	Zip Code 93062-5180
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/>	Amount of Each Disbursement this Period 60.06
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	177.87
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. My Merchant Card Service International		Transaction ID: 61127.E634
Mailing Address PO Box 5180		Date of Disbursement 10 / 31 / 2006
City Simi Valley	State CA	Zip Code 93062-5180
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/>	Amount of Each Disbursement this Period 5.00
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. My Merchant Card Service International		Transaction ID: 61104.E624
Mailing Address PO Box 5180		Date of Disbursement 11 / 04 / 2006
City Simi Valley	State CA	Zip Code 93062-5180
Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/>	Amount of Each Disbursement this Period 99.43
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEE
State: District:		

Full Name (Last, First, Middle Initial) C. My Merchant Card Service International		Transaction ID: 61206.E695
Mailing Address PO Box 5180		Date of Disbursement 11 / 08 / 2006
City Simi Valley	State CA	Zip Code 93062-5180
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/>	Amount of Each Disbursement this Period 46.03
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	150.46
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. My Merchant Card Service International		Transaction ID: 61206.E696 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 236.03
City Simi Valley State CA Zip Code 93062-5180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		CREDIT CARD PROCESSING FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. My Merchant Card Service International		Transaction ID: 61206.E697 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 6.51
City Simi Valley State CA Zip Code 93062-5180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		CREDIT CARD PROCESSING FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Northland 66		Transaction ID: 61127.E638 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1429 Co Rd S NE		Amount of Each Disbursement this Period 111.75
City Isanti State MN Zip Code 55040-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS		GAS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	354.29
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Northland 66		Transaction ID: 61127.E650 Date of Disbursement 11 / 08 / 2006	
Mailing Address 1429 Co Rd S NE		Amount of Each Disbursement this Period 75.00	
City Isanti State MN Zip Code 55040-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	GAS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northland 66		Transaction ID: 61127.E652 Date of Disbursement 11 / 09 / 2006	
Mailing Address 1429 Co Rd S NE		Amount of Each Disbursement this Period 40.00	
City Isanti State MN Zip Code 55040-	Purpose of Disbursement GAS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	GAS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 1020200640E556 Date of Disbursement 10 / 20 / 2006	
Mailing Address 1023 W Central Entrance		Amount of Each Disbursement this Period 99.95	
City Duluth State MN Zip Code 55811-5477	Purpose of Disbursement SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	214.95
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 61104.E623 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 1023 W Central Entrance		Amount of Each Disbursement this Period 149.39
City Duluth State MN Zip Code 55811-5477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES	Candidate Name	SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: 61202.E690 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 2102.51
City Saint Paul State MN Zip Code 55120-1181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: 1020200659E575 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1210 Northland Dr Ste 100		Amount of Each Disbursement this Period 148.67
City Saint Paul State MN Zip Code 55120-1181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARYOLL TAXES	Candidate Name	PARYOLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2400.57
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: 61127.E653	
Mailing Address 1210 Northland Dr Ste 100		Date of Disbursement MM / DD / YYYY 11 / 10 / 2006	
City Saint Paul	State MN	Zip Code 55120-1181	Amount of Each Disbursement this Period 129.58
Purpose of Disbursement PAYROLL FEES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL FEES
State: District:			

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: 61127.E657	
Mailing Address 1210 Northland Dr Ste 100		Date of Disbursement MM / DD / YYYY 11 / 15 / 2006	
City Saint Paul	State MN	Zip Code 55120-1181	Amount of Each Disbursement this Period 515.23
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: 61127.E659	
Mailing Address 1210 Northland Dr Ste 100		Date of Disbursement MM / DD / YYYY 11 / 16 / 2006	
City Saint Paul	State MN	Zip Code 55120-1181	Amount of Each Disbursement this Period 83.50
Purpose of Disbursement PAYROLL FEES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL FEES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	728.31
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Pinnacle Direct		Transaction ID: 1020200640E564 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 15260 113th St N		Amount of Each Disbursement this Period 4705.47
City Stillwater State MN Zip Code 55082-9575	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL	
Purpose of Disbursement DIRECT MAIL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Pinnacle Direct		Transaction ID: 61104.E608 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15260 113th St N		Amount of Each Disbursement this Period 2113.09
City Stillwater State MN Zip Code 55082-9575	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL	
Purpose of Disbursement DIRECT MAIL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Pinnacle Direct		Transaction ID: 61104.E602 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15260 113th St N		Amount of Each Disbursement this Period 10421.53
City Stillwater State MN Zip Code 55082-9575	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL	
Purpose of Disbursement DIRECT MAIL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	17240.09
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Qwest		Transaction ID: 61104.E595 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 173821		Amount of Each Disbursement this Period 450.00
City Denver State CO Zip Code 80217-3821	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONES	Candidate Name	TELEPHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Qwest		Transaction ID: 61104.E613 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 173821		Amount of Each Disbursement this Period 244.35
City Denver State CO Zip Code 80217-3821	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONES	Candidate Name	TELEPHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Radisson		Transaction ID: 61127.E648 Date of Disbursement 11 / 07 / 2006
Mailing Address 505 W Superior St		Amount of Each Disbursement this Period 790.49
City Duluth State MN Zip Code 55802-1513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ELECTION NIGHT EVENT	Candidate Name	ELECTION NIGHT EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1484.84
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)
Rod Grams for Congress

A. Radisson Full Name (Last, First, Middle Initial) Mailing Address 505 W Superior St City Duluth State MN Zip Code 55802-1513 Purpose of Disbursement ELECTION NIGHT EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61127.E654 Date of Disbursement 11 / 13 / 2006 Amount of Each Disbursement this Period 94.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ELECTION NIGHT EVENT
--	--	--

B. Radisson Full Name (Last, First, Middle Initial) Mailing Address 505 W Superior St City Duluth State MN Zip Code 55802-1513 Purpose of Disbursement ELECTION NIGHT EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61127.E655 Date of Disbursement 11 / 13 / 2006 Amount of Each Disbursement this Period 16.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ELECTION NIGHT EVENT
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C. Red Rock Full Name (Last, First, Middle Initial) Mailing Address 501 S Lake Ave Ste 200 City Duluth State MN Zip Code 55802-2392 Purpose of Disbursement RADIO ADS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61104.E593 Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 2168.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO ADS
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SUBTOTAL of Disbursements This Page (optional) ▶	2279.42
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Red Rock		Transaction ID: 61104.E616 Date of Disbursement 10 / 31 / 2006	
Mailing Address 501 S Lake Ave Ste 200		Amount of Each Disbursement this Period 896.00	
City Duluth State MN Zip Code 55802-2392	Purpose of Disbursement RADIO ADS Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tony Reiss		Transaction ID: 1020200640E566 Date of Disbursement 10 / 20 / 2006	
Mailing Address 310 Arlanda Ave		Amount of Each Disbursement this Period 413.88	
City Buffalo State MN Zip Code 55313-1902	Purpose of Disbursement MILEAGE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tony Reiss		Transaction ID: 61202.E674 Date of Disbursement 10 / 31 / 2006	
Mailing Address 310 Arlanda Ave		Amount of Each Disbursement this Period 825.13	
City Buffalo State MN Zip Code 55313-1902	Purpose of Disbursement WAGES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2135.01
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Tony Reiss		Transaction ID: 61202.E675 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 310 Arlanda Ave		Amount of Each Disbursement this Period 467.99	
City Buffalo State MN Zip Code 55313-1902	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Linda C. Runbeck		Transaction ID: 61202.E676 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 48 E Golden Lake Rd		Amount of Each Disbursement this Period 1908.16	
City Circle Pines State MN Zip Code 55014-1725	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shorewood RV		Transaction ID: 61122.E630 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 8390 Highway 10 NW		Amount of Each Disbursement this Period 4000.00	
City Anoka State MN Zip Code 55303-7242	Purpose of Disbursement LEASE PAYMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	LEASE PAYMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6376.15
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Spaulding Printing Inc.		Transaction ID: 61024.E576 Date of Disbursement 10 / 23 / 2006
Mailing Address 35 Carob Way		Amount of Each Disbursement this Period 16471.18
City Novato State CA Zip Code 94945-1831	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL	Category/Type	DIRECT MAIL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: 61104.E614 Date of Disbursement 10 / 30 / 2006
Mailing Address 2001 Edmund Halley Dr		Amount of Each Disbursement this Period 649.28
City Reston State VA Zip Code 20191-3436	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONES	Category/Type	TELEPHONES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Stone Gate Realty		Transaction ID: 61104.E618 Date of Disbursement 11 / 04 / 2006
Mailing Address 1700 Mall Dr		Amount of Each Disbursement this Period 1600.00
City Duluth State MN Zip Code 55811-3849	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT	Category/Type	RENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	18720.46
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Superior Print		Transaction ID: 1020200640E567 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 4801 Burning Tree Rd		Amount of Each Disbursement this Period 1073.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55811-3801	Purpose of Disbursement PRINTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

Full Name (Last, First, Middle Initial) B. Superior Print		Transaction ID: 61104.E605 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4801 Burning Tree Rd		Amount of Each Disbursement this Period 156.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55811-3801	Purpose of Disbursement PRINTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

Full Name (Last, First, Middle Initial) C. Superior Print		Transaction ID: 61104.E606 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 4801 Burning Tree Rd		Amount of Each Disbursement this Period 797.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55811-3801	Purpose of Disbursement PRINTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	2027.34
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Superior Print		Transaction ID: 61104.E607 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4801 Burning Tree Rd		Amount of Each Disbursement this Period 157.41
City Duluth State MN Zip Code 55811-3801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/Type	PRINTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TCF Bank		Transaction ID: 61127.E642 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 2100 Snelling Ave N		Amount of Each Disbursement this Period 57.00
City Roseville State MN Zip Code 55113-6007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	CREDIT CARD PROCESSING FEE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TCF Bank		Transaction ID: 61206.E693 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 2100 Snelling Ave N		Amount of Each Disbursement this Period 22.50
City Roseville State MN Zip Code 55113-6007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK CHARGE	Category/Type	BANK CHARGE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	236.91
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Tel Opinion Research		Transaction ID: 61122.E627 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 99 Canal Center Plz		Amount of Each Disbursement this Period 5600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-1559	Category/Type <input type="checkbox"/> SURVEY	
Purpose of Disbursement SURVEY Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 1020200648E574 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 4903 Matterhorn Dr		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 Duluth State MN Zip Code 55811-3851	Category/Type <input type="checkbox"/> POSTAGE	
Purpose of Disbursement POSTAGE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: 61104.E622 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4903 Matterhorn Dr		Amount of Each Disbursement this Period 1320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duluth State MN Zip Code 55811-3851	Category/Type <input type="checkbox"/> POSTAGE	
Purpose of Disbursement POSTAGE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7037.00
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)

<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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: 61127.E660 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 4903 Matterhorn Dr		Amount of Each Disbursement this Period 39.00
City Duluth State MN Zip Code 55811-3851	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Category/Type	POSTAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. WCMP Radio		Transaction ID: 61104.E599 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 15429 Pokegama Rd		Amount of Each Disbursement this Period 360.00
City Pine City State MN Zip Code 55063-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADS	Category/Type	RADIO ADS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Christina Wilson		Transaction ID: 61026.E580 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 4279 Birch Valley Rd		Amount of Each Disbursement this Period 427.11
City Hermantown State MN Zip Code 55811-3647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW:	Category/Type	SEE BELOW:
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	826.11
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)
Rod Grams for Congress

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 61026.E584 Date of Disbursement 10 / 17 / 2006
Mailing Address 1023 W Central Entrance		Amount of Each Disbursement this Period 181.68
City Duluth State MN Zip Code 55811-5477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	[MEMO ITEM] MEMO: PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: 61026.E585 Date of Disbursement 10 / 17 / 2006
Mailing Address 1023 W Central Entrance		Amount of Each Disbursement this Period 8.60
City Duluth State MN Zip Code 55811-5477	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	[MEMO ITEM] MEMO: PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Christina Wilson		Transaction ID: 61026.E581 Date of Disbursement 10 / 25 / 2006
Mailing Address 4279 Birch Valley Rd		Amount of Each Disbursement this Period 197.98
City Hermantown State MN Zip Code 55811-3647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE	Candidate Name	[MEMO ITEM] MEMO: MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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)

<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)
Rod Grams for Congress

<p>A. Christina Wilson</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: 61202.E677</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>Mailing Address 4279 Birch Valley Rd</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="639.98"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>City Hermantown State MN Zip Code 55811-3647</p>	<p>Purpose of Disbursement WAGES</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		

<p>B. Christina Wilson</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: 61202.E678</p> <p>Date of Disbursement</p> <p><input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>Mailing Address 4279 Birch Valley Rd</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="344.27"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>City Hermantown State MN Zip Code 55811-3647</p>	<p>Purpose of Disbursement WAGES</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		

<p>C. WKLK</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: 61104.E591</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p>	
<p>Mailing Address 1104 Cloquet Ave</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>City Cloquet State MN Zip Code 55720-1620</p>	<p>Purpose of Disbursement RADIO ADS</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2484.25"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value="97673.67"/></p>

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Rod Grams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rod Grams	Nature of Debt (Purpose): Wages
Mailing Address 1710 Mall Dr	
City State ZIP Code Duluth MN 55811-3849	

Outstanding Balance Beginning This Period 5000.00	Transaction ID: LS61129.E668	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rod Grams	Nature of Debt (Purpose): Wages
Mailing Address 1710 Mall Dr	
City State ZIP Code Duluth MN 55811-3849	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS61129.E669	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Seven Gables Farm, Inc.	Nature of Debt (Purpose): Consulting Fee
Mailing Address 25801 Nacre St NW	
City State ZIP Code Saint Francis MN 55070-9353	

Outstanding Balance Beginning This Period 7500.00	Transaction ID: LS61129.E666	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

1) SUBTOTALS This Period This Page (optional).....	17500.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)	PAGE 84 / 84	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Rod Grams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Seven Gables Farm, Inc.	Nature of Debt (Purpose): Consulting Fee
Mailing Address 25801 Nacre St NW	
City State ZIP Code Saint Francis MN 55070-9353	

Outstanding Balance Beginning This Period	Transaction ID: LS61129.E667	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7500.00	0.00	7500.00

1) SUBTOTALS This Period This Page (optional).....	7500.00
2) TOTALS This Period (last page this line number only).....	25000.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	