

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

201 SIOUX RD

STE 107

Check if different than previously reported. (ACC)

MANKATO

MN

56001-7114

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00550707

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M

/ D D

/ Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M

/ D D

/ Y Y Y Y

in the State of

5. Covering Period

M M

10

/ D D

01

/ Y Y Y Y

2022

through

M M

12

/ D D

31

/ Y Y Y Y

2022

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

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M

01

/ D D

23

/ Y Y Y Y

2023

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

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
FRIENDS OF HAGEDORN

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	103.30	814863.07
(b) Total Contribution Refunds (from Line 20(d))	6.67	390786.18
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	96.63	424076.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8328.09	624079.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	126684.45	135510.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	- 118356.36	488568.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	133175.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF HAGEDORN

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25.00	478213.40
(ii) Unitemized.....	78.30	98959.67
(iii) TOTAL of contributions from individuals ▶	103.30	577173.07
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	237650.00
(d) The Candidate.....	0.00	40.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	103.30	814863.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	408.00	173223.32
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	126684.45	135510.22
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	127195.75	1123596.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8328.09	624079.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	10000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	6.67	367286.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	23500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	6.67	390786.18
21. OTHER DISBURSEMENTS	126684.45	171834.45
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	135019.21	1196699.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	140998.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	127195.75
25. SUBTOTAL (add Line 23 and Line 24).....	268194.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	135019.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	133175.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 12	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

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

Mailing Address **7 WOODBINE RD**

City FLORHAM PARK	State NJ	Zip Code 07932-2649
-----------------------------	--------------------	-------------------------------

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

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
578.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2022

Transaction ID : AF96DC5AD7D624DB6B99

Amount of Each Receipt this Period

25.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

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

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
74247.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2022

Transaction ID : A2557A35036AF4D0BA26

Amount of Each Receipt this Period

25.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

Memo Item

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

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

25.00
25.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 12	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
2022 PHASE 1 PATRIOT DAY JFC

Mailing Address **228 S WASHINGTON ST**
STE 115

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00788109**

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
408.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2022

Transaction ID : AEB5F6898A5014C63AA2

Amount of Each Receipt this Period
408.00

Memo Item
TRANSFER FROM AUTHORIZED COMMITTEE

B. Full Name (Last, First, Middle Initial)
BHFS-E, PC PAC (BROWNSTEIN HYATT FARBER SCHRECK PAC)

Mailing Address **410 SEVENTEENTH STREET**
SUITE 2200

City **DENVER** State **CO** Zip Code **80202**

FEC ID number of contributing federal political committee. **C C00390583**

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
416.67

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2022

Transaction ID : A27FF2A945B1E462F99F

Amount of Each Receipt this Period
416.67

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	408.00
TOTAL This Period (last page this line number only)..... ▶	408.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 12	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JAMES L. HAGEDORN CANCER CHARITIES

Mailing Address 14985 GLAZIER AVENUE

City SAINT PAUL	State MN	Zip Code 55124-7484
--------------------	-------------	------------------------

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

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
126684.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 22 / 2022

Transaction ID : ABBB4435144934F17B7F

Amount of Each Receipt this Period
126684.45

Memo Item
DONATION REFUNDED

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	126684.45
TOTAL This Period (last page this line number only).....▶	126684.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. 9SEVEN CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2022
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-4018
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDC47380AB17B4FE9A75
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2022
Mailing Address 1776 WILSON BLVD, SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2517
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 0.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B33717381A4A046A690A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2022
Mailing Address 951 MADISON AVE		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001-6141
Purpose of Disbursement BANK CHARGES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B2F7C32DBB66543FD974
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2125.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2022	
Mailing Address 1776 WILSON BLVD, SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209-2517	Amount of Each Disbursement this Period 0.99	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B20E4AE6D71C2436AB5B	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2022	
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BC6C6682F385D4D849D3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2022	
Mailing Address 1445A LAUGHLIN AVENUE			FEC Identification Number C	
City MC LEAN	State VA	Zip Code 22101-5709	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : B36ADCCF4E8B84AD0ACA	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	625.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. 9SEVEN CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2022
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-4018
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 24.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B416964BA6BB24F13B18
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. 9SEVEN CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2022
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-4018
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 2200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B46FC7527A024454FAB8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ARISTOTLE INTERNATIONAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2022
Mailing Address 205 PENNSYLVANIA AVE SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement DATABASE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC78F8C98D36C4B108BD
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2824.01
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)		PAGE 11 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. 9SEVEN CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 499 SOUTH CAPITOL STREET SW #405			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-4018	Amount of Each Disbursement this Period 2100.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Transaction ID : B15174E8B5AA84E67A4C	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2022	
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BA8D79A37BDD14F20998	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	8275.04

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 12	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. JAMES L. HAGEDORN CANCER CHARITIES			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2022	
Mailing Address 14985 GLAZIER AVENUE			FEC Identification Number C	
City SAINT PAUL	State MN	Zip Code 55124-7484	Amount of Each Disbursement this Period 126684.45	
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : B7A1B704A323E42E885E	
Candidate Name		Memo Item <input type="checkbox"/>		
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	126684.45
TOTAL This Period (last page this line number only).....▶	126684.45