



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Minnesota Democratic-Farmer-Labor Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		152523.33
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	380039.12									
(c) Total Receipts (from Line 19) .....	256375.36	1741299.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	636414.48	1893823.30								
7. Total Disbursements (from Line 31) .....	602424.03	1859832.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33990.45	33990.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	183347.71									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Minnesota Democratic-Farmer-Labor Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13947.49	39055.80
(ii) Unitemized .....	9505.65	84729.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23453.14	123785.17
(b) Political Party Committees .....	3220.00	6570.00
(c) Other Political Committees (such as PACs) .....	30732.61	34554.64
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	57405.75	164909.81
12. Transfers From Affiliated/Other Party Committees .....	23581.58	109712.52
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	18239.56	101599.55
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	104443.91	1255746.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	52704.56	109331.28
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	52704.56	109331.28
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	256375.36	1741299.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	203670.80	1631968.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	15147.08	104662.45
(ii) Non-Federal Share.....	35693.13	165216.72
(b) Other Federal Operating Expenditures.....	76315.71	244630.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	127155.92	514509.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	10250.00	10250.00
29. Other Disbursements.....	463278.15	1326768.60
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	1739.96	8304.46
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1739.96	8304.46
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	602424.03	1859832.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	566730.90	1694616.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	57405.75	164909.81
34. Total Contribution Refunds (from Line 28(d)) .....	10250.00	10250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47155.75	154659.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	91462.79	349293.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	18239.56	101599.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	73223.23	247693.52

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

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

FOR LINE NUMBER: PAGE 6 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Judith Bird

Mailing Address 960 Historic Dr SW

City State Zip Code  
Rochester MN 55902-6615

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

Name of Employer Occupation  
St Thomas University Administrator

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

**Transaction ID:** C5193912

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Brawner

Mailing Address C/O TCF Voluntary Political Contri  
801 Marquette Ave

City State Zip Code  
Minneapolis MN 55402

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

Name of Employer Occupation  
TCF Bank Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

**Transaction ID:** C5197145

Amount of Each Receipt this Period  
300.00

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

Mailing Address 2610 Boone Ave S

City State Zip Code  
Saint Louis Park MN 55426-2432

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

Name of Employer Occupation  
Bradshaw and Bryant PLLC Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

**Transaction ID:** C5192191

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Dominic Ciresi

Mailing Address 1942 Dupont Ave S

City State Zip Code  
Minneapolis MN 55403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Haskell's Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

**Transaction ID:** C5214936

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2104 Park Ave S

City State Zip Code  
Minneapolis MN 55404

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Community Action of Minneapolis President/CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

**Transaction ID:** C5192198

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Deuhs Sr

Mailing Address 311 Pleasant Ave  
Apt 411

City State Zip Code  
Saint Paul MN 55102-2371

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C5206060

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1725.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Daniel Fanning

Mailing Address PO Box 161113

City State Zip Code  
Duluth MN 55816-1113

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

Name of Employer Occupation  
Marty for Governor Campaign Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: C5214905

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Fitzmaurice

Mailing Address 801 Marquette Ave  
WYZ-02-A

City State Zip Code  
Minneapolis MN 55402

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

Name of Employer Occupation  
TCF National Bank Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C5197142

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Louis W Frillman

Mailing Address 459 Portland Ave

City State Zip Code  
Saint Paul MN 55102-2216

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

Name of Employer Occupation  
GVA Marquette President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: C5192200

Amount of Each Receipt this Period

1000.00

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

1550.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Joseph T Green

Mailing Address 801 Marquette Ave  
WYZ-02-A

City Minneapolis State MN Zip Code 55402

FEC ID number of contributing federal political committee. C

Name of Employer TCF National Bank Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 09 / 2009

**Transaction ID:** C5195180

Amount of Each Receipt this Period 300.00

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

Mailing Address 16276 Swede Hill Dr S

City Afton State MN Zip Code 55001-9637

FEC ID number of contributing federal political committee. C

Name of Employer Harper & Peterson Occupation Partner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 06 / 2009

**Transaction ID:** C5192195

Amount of Each Receipt this Period 250.00

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

Mailing Address 5638 Glen Ave

City Minnetonka State MN Zip Code 55345-6610

FEC ID number of contributing federal political committee. C

Name of Employer Honeywell Occupation Office

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 03 / 2009

**Transaction ID:** C5214899

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 93  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth Hodges

Mailing Address 4312 Linden Hills Blvd #203

City State Zip Code  
Minneapolis MN 55410

FEC ID number of contributing federal political committee. C

Name of Employer City of Minneapolis Occupation City Council Member

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C5214098

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Gail Jackson

Mailing Address 155 Central Ave S

City State Zip Code  
Milaca MN 56353-1122

FEC ID number of contributing federal political committee. C

Name of Employer State of Minnesota Occupation Representative

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

**Transaction ID:** C5224924

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dan Knuth

Mailing Address 1106 Rockstone Ln

City State Zip Code  
New Brighton MN 55112-1614

FEC ID number of contributing federal political committee. C

Name of Employer Dan Knuth Government Affairs Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C5214097

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 93  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
David Lillehaug

Mailing Address 6701 Parkwood Ln

City Edina State MN Zip Code 55436-1735

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

Name of Employer Fredrickson & Byron Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 16 / 2009

Transaction ID: C5201209

Amount of Each Receipt this Period 1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric James Margolis

Mailing Address 649 North Van Buren Trail

City Hopkins State MN Zip Code 55343-8148

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

Name of Employer Self Occupation Web Page Designer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.16

Date of Receipt 04 / 03 / 2009

Transaction ID: C5191856

Amount of Each Receipt this Period 22.50

**C.**

Full Name (Last, First, Middle Initial)  
Eric James Margolis

Mailing Address 649 North Van Buren Trail

City Hopkins State MN Zip Code 55343-8148

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

Name of Employer Self Occupation Web Page Designer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.16

Date of Receipt 04 / 13 / 2009

Transaction ID: C5209185

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1355.83

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

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

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

FOR LINE NUMBER: PAGE 12 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Judy Melanson  
Mailing Address 5415 24th Ave S  
City Minneapolis State MN Zip Code 55417-1909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 03 / 2009  
Transaction ID: C5187143  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Olson  
Mailing Address 801 Marquette Ave  
C/O TCF Voluntary Political Contri  
City Minneapolis State MN Zip Code 55402-2807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TCF National Bank Occupation Executive  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 09 / 2009  
Transaction ID: C5195186  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
David T Schultz  
Mailing Address 885 Goodrich Ave  
City Saint Paul State MN Zip Code 55105-3125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Maslon Edelman & Borman Occupation Attorney  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 06 / 2009  
Transaction ID: C5192190  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
Tina Flint Smith

Mailing Address 4720 W Lake Harriet Parkway

City State Zip Code  
Minneapolis MN 55410-1923

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

Name of Employer Occupation  
McWilliams Cosgrove Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C5194183

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Cordy Strand

Mailing Address 33801 446th PI

City State Zip Code  
Aitkin MN 56431-5089

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
583.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C5209196

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Cordy Strand

Mailing Address 33801 446th PI

City State Zip Code  
Aitkin MN 56431-5089

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
583.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C5206051

Amount of Each Receipt this Period

250.00

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

5333.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial) Jennifer Thomas		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
Mailing Address 4744 Thomas Ave S		<b>Transaction ID:</b> C5214907
City Minneapolis	State MN	Zip Code 55410-1834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Rolf E. Westgard		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 25189 Moonrise Trl		<b>Transaction ID:</b> C5209203
City Deerwood	State MN	Zip Code 56444-8832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Retired	Occupation Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1483.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>333.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13947.49</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 93	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt
	Mailing Address 430 S Capitol St SE Federal Fund		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20003-4024
	FEC ID number of contributing federal political committee.		Transaction ID: C5226098
	<input type="text" value="C"/> <input type="text" value="C00010603"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="3220.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	* In-Kind: On Line Voter File Access
		<input type="text" value="256570.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3220.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3220.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 93  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Jim Oberstar

Mailing Address PO Box 465

City State Zip Code  
Duluth MN 55801-0465

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 16275.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C5194171

Amount of Each Receipt this Period  
15000.00

Transfer of Excess Funds

**B.**

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

Mailing Address PO Box 14131

City State Zip Code  
Saint Paul MN 55114-0131

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6250.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C5201232

Amount of Each Receipt this Period  
5000.00

Transfer of Excess Funds

**C.**

Full Name (Last, First, Middle Initial)  
Obama for America

Mailing Address PO Box 8102

City State Zip Code  
Chicago IL 60680

FEC ID number of contributing federal political committee. **C** C00431445

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 732.61

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C5406576

Amount of Each Receipt this Period  
732.61

\* In-Kind: COBRA premium CFC employees

**SUBTOTAL** of Receipts This Page (optional) ..... ► **20732.61**

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



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

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

FOR LINE NUMBER: PAGE 17 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Tinklenberg for Congress

Mailing Address PO Box 49787

City State Zip Code  
Blaine MN 55449

FEC ID number of contributing federal political committee. **C** C00411066

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

Transaction ID: C5186013

Amount of Each Receipt this Period  
10000.00

Transfer of Excess Funds

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30732.61

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

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

FOR LINE NUMBER: PAGE 18 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
ASDC Joint Victory Account

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 8581.58

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID: C5735890**

Amount of Each Receipt this Period  
8581.58

**B.** Full Name (Last, First, Middle Initial)  
Dollars for Democrats

Mailing Address 430 S Capitol St SE  
C00073791

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00073791

Name of Employer Occupation

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 96000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID: C5201247**

Amount of Each Receipt this Period  
15000.00

Dollars for Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ► **23581.58**

**TOTAL** This Period (last page this line number only) ..... ► **23581.58**

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

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

FOR LINE NUMBER: PAGE 19 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Ellison (Keith) for Congress  
Mailing Address PO Box 6072

City State Zip Code  
Minneapolis MN 55406

FEC ID number of contributing federal political committee. **C** C00422410

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
46188.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

**Transaction ID:** C5198825  
 Amount of Each Receipt this Period  
 4760.12

Payroll Service

**B.** Full Name (Last, First, Middle Initial)  
Ellison (Keith) for Congress  
Mailing Address PO Box 6072

City State Zip Code  
Minneapolis MN 55406

FEC ID number of contributing federal political committee. **C** C00422410

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
46188.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

**Transaction ID:** C5201246  
 Amount of Each Receipt this Period  
 4402.00

Payroll Service

**C.** Full Name (Last, First, Middle Initial)  
Ellison (Keith) for Congress  
Mailing Address PO Box 6072

City State Zip Code  
Minneapolis MN 55406

FEC ID number of contributing federal political committee. **C** C00422410

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
46188.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C5206052  
 Amount of Each Receipt this Period  
 3.79

Actual Cost of Email Service

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9165.91**

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

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

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

FOR LINE NUMBER: PAGE 20 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
QWest  
Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C5206039  
 Amount of Each Receipt this Period  
 28.38

Refund

**B.** Full Name (Last, First, Middle Initial)  
QWest  
Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C5206040  
 Amount of Each Receipt this Period  
 100.85

Refund

**C.** Full Name (Last, First, Middle Initial)  
QWest  
Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C5206041  
 Amount of Each Receipt this Period  
 783.18

Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► **912.41**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
QWest

Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C5206042

Amount of Each Receipt this Period  
975.34

Refund

**B.**

Full Name (Last, First, Middle Initial)  
QWest

Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C5206043

Amount of Each Receipt this Period  
835.00

Refund

**C.**

Full Name (Last, First, Middle Initial)  
QWest

Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C5206044

Amount of Each Receipt this Period  
1279.44

Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3089.78**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 93  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
QWest

Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C5206288

Amount of Each Receipt this Period  
897.61

Refund

**B.**

Full Name (Last, First, Middle Initial)  
QWest

Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C5206289

Amount of Each Receipt this Period  
756.20

Refund

**C.**

Full Name (Last, First, Middle Initial)  
QWest

Mailing Address PO Box 1301

City State Zip Code  
Minneapolis MN 55483-0002

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39331.01

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C5206290

Amount of Each Receipt this Period  
737.43

Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2391.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b>	Full Name (Last, First, Middle Initial) QWest		Date of Receipt
	Mailing Address PO Box 1301		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Minneapolis	MN	55483-0002
	FEC ID number of contributing federal political committee.		Transaction ID: C5206291
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text" value="718.41"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="39331.01"/>	Refund
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) QWest		Date of Receipt
	Mailing Address PO Box 1301		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Minneapolis	MN	55483-0002
	FEC ID number of contributing federal political committee.		Transaction ID: C5206292
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text" value="1103.61"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="39331.01"/>	Refund
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Xcel Energy		Date of Receipt
	Mailing Address 414 Nicollet Mall		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Minneapolis	MN	55401-1927
	FEC ID number of contributing federal political committee.		Transaction ID: C5214948
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text" value="785.60"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="785.60"/>	Refund
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2607.62"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="18166.96"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 93  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
State Tax Checkoff - MN Dept. of Revenue

Mailing Address PO Box 821

City State Zip Code  
Minneapolis MN 55480-0821

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19985.90

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** C5223334

Amount of Each Receipt this Period  
9828.00

State Check Off Money

**B.** Full Name (Last, First, Middle Initial)  
Franken Recount Fund

Mailing Address 4190 Vinewood Ln N  
# 111-554

City State Zip Code  
Minneapolis MN 55442-1715

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Recount

Aggregate Year-to-Date ▼  
959055.13

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C5201157

Amount of Each Receipt this Period  
64560.13

Franken Recount

**C.** Full Name (Last, First, Middle Initial)  
AMERICA'S LEADERSHIP PAC

Mailing Address 607 14th Street, NW, Suite 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00375584

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Recount

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C6007689

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
\* Franken Recount

**SUBTOTAL** of Receipts This Page (optional) ..... ► **74388.13**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b>	Full Name (Last, First, Middle Initial) William Benter		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 2901 Smallman St 5D		<b>Transaction ID:</b> C6001386
	City Pittsburgh	State PA	Zip Code 15201
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
	Name of Employer: Self-Employed Occupation: Business Owner Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount		Aggregate Year-to-Date 10000.00

**[MEMO ITEM]**  
\* Franken Recount

<b>B.</b>	Full Name (Last, First, Middle Initial) William Burgy		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 11529 Stardust Ln		<b>Transaction ID:</b> C6001394
	City Ellicott City	State MD	Zip Code 21042
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
	Name of Employer: Information Requested Occupation: Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount		Aggregate Year-to-Date 2700.00

**[MEMO ITEM]**  
\* Franken Recount

<b>C.</b>	Full Name (Last, First, Middle Initial) Harriet Crosby		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 6515 79th Pl		<b>Transaction ID:</b> C6001388
	City Cabin John	State MD	Zip Code 20818-1223
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
	Name of Employer: ISAR Occupation: Consultant Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount		Aggregate Year-to-Date 1500.00

**[MEMO ITEM]**  
\* Franken Recount

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 93  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial) Carol B Goldberg		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 5630 Wisconsin Ave Apt 1702 W		<b>Transaction ID:</b> C6001383
City State Zip Code Chevy Chase MD 20815	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer American University	Occupation Professor	<b>[MEMO ITEM]</b> * Franken Recount
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Henry Goldberg		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 7200 Wisconsin Ave		<b>Transaction ID:</b> C6001382
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer Atery Group LLC	Occupation Owner	<b>[MEMO ITEM]</b> * Franken Recount
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Victor Kovner		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 27 W 67th St		<b>Transaction ID:</b> C6001390
City State Zip Code New York NY 10023	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00
Name of Employer Davis, Wright & Tremaine	Occupation Attorney	<b>[MEMO ITEM]</b> * Franken Recount
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 93</span>
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene Ludwig	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 2629 Foxhall Rd NW	<b>Transaction ID:</b> C6001389
	City State Zip Code Washington DC 20007-1126	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b> * Franken Recount
	Name of Employer Promontory Network Occupation Managing Partner	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) NEW JERSEY FIRST	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 196 West State Street PO Box 200597	<b>Transaction ID:</b> C6007682
	City State Zip Code Trenton NJ 08608	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00391458	<b>[MEMO ITEM]</b> * Franken Recount
	Name of Employer Occupation	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Rice	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 2217 Halcon Ln	<b>Transaction ID:</b> C6001385
	City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b> * Franken Recount
	Name of Employer Self-Employed Occupation Consultant	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 93  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Donald Sussman

Mailing Address 6100 Red Hook Qtrs

City State Zip Code  
St Thomas VI 00802-1348

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

Name of Employer Self-Employed Occupation  
Financial Advisor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Recount

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** C6001387

Amount of Each Receipt this Period  
10000.00

**[MEMO ITEM]**  
\* Franken Recount

**B.** Full Name (Last, First, Middle Initial)  
To Organize a Majority PAC

Mailing Address PO Box 752

City State Zip Code  
Des Moines IA 50303

FEC ID number of contributing federal political committee. **C** C00385732

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Recount

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** C6007691

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
\* Franken Recount

**C.** Full Name (Last, First, Middle Initial)  
UAW V CAP

Mailing Address 8000 E Jefferson Ave

City State Zip Code  
Detroit MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Recount

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** C6007683

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
\* Franken Recount

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Barbara Winston

Mailing Address 2219 Del Monte

City State Zip Code  
Houston TX 77019

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

Name of Employer N/A Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date 1000.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: C6001384**  
 Amount of Each Receipt this Period: 1000.00

**[MEMO ITEM]**  
\* Franken Recount

**B.** Full Name (Last, First, Middle Initial)  
Franken Recount Fund

Mailing Address 4190 Vinewood Ln N # 111-554

City State Zip Code  
Minneapolis MN 55442-1715

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date 959055.13

Date of Receipt: 04 / 28 / 2009  
**Transaction ID: C5205962**  
 Amount of Each Receipt this Period: 30000.00

Franken Recount

**C.** Full Name (Last, First, Middle Initial)  
David Bart

Mailing Address 204 S Saratoga St

City State Zip Code  
New Orleans LA 70112-4800

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

Name of Employer Not Employed Occupation Student

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date 350.00

Date of Receipt: 04 / 19 / 2009  
**Transaction ID: C6001399**  
 Amount of Each Receipt this Period: 50.00

**[MEMO ITEM]**  
\* Franken Recount

**SUBTOTAL** of Receipts This Page (optional) ..... **30000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 93  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
James Chanos

Mailing Address 20 West 55th St

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Kynikos Associates LLP Investor

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C6001405

Amount of Each Receipt this Period  
10000.00

**[MEMO ITEM]**  
\* Franken Recount

**B.**

Full Name (Last, First, Middle Initial)  
David Glassco

Mailing Address 2001 Travis Heights Blvd

City State Zip Code  
Austin TX 78704

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

Name of Employer Occupation  
Self-Employed Investor

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date ▼  
7700.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6001411

Amount of Each Receipt this Period  
7700.00

**[MEMO ITEM]**  
\* Franken Recount

**C.**

Full Name (Last, First, Middle Initial)  
Lee Godfrey

Mailing Address 1000 Lousiana

City State Zip Code  
Houston TX 77002

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6001408

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
\* Franken Recount

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 93  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)  
Neal Manne

Mailing Address 1000 Louisiana

City State Zip Code  
Houston TX 77002

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date 2700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	9

**Transaction ID:** C6001409

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
\* Franken Recount

**B.**

Full Name (Last, First, Middle Initial)  
Harry Reasoner

Mailing Address 2800 First City Tower

City State Zip Code  
Houston TX 77002

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date 2700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	9

**Transaction ID:** C6001410

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
\* Franken Recount

**C.**

Full Name (Last, First, Middle Initial)  
Wolfe Rudman

Mailing Address 1700 Pacific Ave, Suite 4700

City State Zip Code  
Dallas TX 75201

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) Recount

Aggregate Year-to-Date 2700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	9

**Transaction ID:** C6001406

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
\* Franken Recount

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 93
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Max L. Tribble		Date of Receipt
	Mailing Address 3461 Piping Rock		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77027
	FEC ID number of contributing federal political committee.		Transaction ID: C6001407
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text"/> 2700.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼ Recount			
			<b>[MEMO ITEM]</b> * Franken Recount

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Zygielbaum		Date of Receipt
	Mailing Address 5916 Yerba Buena Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Santa Rosa	CA	95409
	FEC ID number of contributing federal political committee.		Transaction ID: C6001400
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text"/> 312.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼ Recount			
			<b>[MEMO ITEM]</b> * Franken Recount

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 104388.13



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b> Full Name (Last, First, Middle Initial) Apres Party &amp; Tent Rental</p> <p>Mailing Address 7625 Cahill Rd</p> <p>City Edina State MN Zip Code 55439-2747</p> <p>Purpose of Disbursement Finance Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281575</p> <p>Date of Disbursement MM / DD / YYYY 04 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 6.22</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anna Bregier</p> <p>Mailing Address 2700 Lake St E #2400</p> <p>City Minneapolis State MN Zip Code 55406</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281634</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1458.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anna Bregier</p> <p>Mailing Address 2700 Lake St E #2400</p> <p>City Minneapolis State MN Zip Code 55406</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281635</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1458.00</p>

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

**2922.22**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Donna Cassutt</p> <p>Mailing Address 815 E 61st St</p> <p>City Minneapolis State MN Zip Code 55417-3144</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281617</p> <p>Date of Disbursement 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1866.14</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Donna Cassutt</p> <p>Mailing Address 815 E 61st St</p> <p>City Minneapolis State MN Zip Code 55417-3144</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281618</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1866.16</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Donna Cassutt</p> <p>Mailing Address 815 E 61st St</p> <p>City Minneapolis State MN Zip Code 55417-3144</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281619</p> <p>Date of Disbursement 04 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1800.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5532.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 S Capitol St SE Federal Fund</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement On Line Voter File Access</p> <p>Candidate Name Democratic National Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281664 <b>Date of Disbursement</b> 04 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 3220.00</p> <p>* In-Kind Received</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment</p> <p>Mailing Address Federal Withholding Taxes</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281601 <b>Date of Disbursement</b> 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1185.68</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment</p> <p>Mailing Address Federal Withholding Taxes</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281602 <b>Date of Disbursement</b> 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 5105.26</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

9510.94

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

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment	Transaction ID: D281603 Date of Disbursement
	Mailing Address Federal Withholding Taxes	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Iowa City State IA Zip Code 52244	Amount of Each Disbursement this Period
	Purpose of Disbursement Withholding Tax	<input type="text" value="5337.54"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment	Transaction ID: D281604 Date of Disbursement
	Mailing Address Federal Withholding Taxes	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Iowa City State IA Zip Code 52244	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Unemployment Tax	<input type="text" value="470.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Fought	Transaction ID: D281548 Date of Disbursement
	Mailing Address 215 Oak Grove St #1801	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Minneapolis State MN Zip Code 55440	Amount of Each Disbursement this Period
	Purpose of Disbursement Parking, Cell Phone	<input type="text" value="215.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6023.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

C. Form/Schedule : **SB21B**  
Transaction ID : **D281548**

4/9/09 Verizon Wireless Cell Phone Bill \$203.79 4/9/09 City CenterParking Minneapolis MN Parking \$12-.00

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Eric Fought	Transaction ID: D281620 Date of Disbursement MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 215 Oak Grove St #1801	Amount of Each Disbursement this Period 703.42
	City Minneapolis State MN Zip Code 55440	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Eric Fought	Transaction ID: D281621 Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	Mailing Address 215 Oak Grove St #1801	Amount of Each Disbursement this Period 700.00
	City Minneapolis State MN Zip Code 55440	
	Purpose of Disbursement Payroll	Category/ Type
	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:	

C.	Full Name (Last, First, Middle Initial) Eric Fought	Transaction ID: D281622 Date of Disbursement MM / DD / YYYY 04 / 14 / 2009
	Mailing Address 215 Oak Grove St #1801	Amount of Each Disbursement this Period 700.00
	City Minneapolis State MN Zip Code 55440	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2103.42
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Eric Fought	Transaction ID: D281623 Date of Disbursement 04 / 10 / 2009
	Mailing Address 215 Oak Grove St #1801	Amount of Each Disbursement this Period 1456.96
	City Minneapolis State MN Zip Code 55440	
	Purpose of Disbursement Payroll	
	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:	

B.	Full Name (Last, First, Middle Initial) HealthPartners	Transaction ID: D281572 Date of Disbursement 04 / 10 / 2009
	Mailing Address 8170 33rd Ave S	Amount of Each Disbursement this Period 18082.40
	City Bloomington State MN Zip Code 55425	
	Purpose of Disbursement Health Insurance	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Sarah Helgen	Transaction ID: D281624 Date of Disbursement 04 / 10 / 2009
	Mailing Address 3127 18th Ave S	Amount of Each Disbursement this Period 1228.28
	City Minneapolis State MN Zip Code 55407-4791	
	Purpose of Disbursement Payroll	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	20767.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Sarah Helgen	Transaction ID: D281625 Date of Disbursement MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 3127 18th Ave S	
	City Minneapolis State MN Zip Code 55407-4791	Amount of Each Disbursement this Period 1228.29
	Purpose of Disbursement Payroll 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) ▼

B.	Full Name (Last, First, Middle Initial) Sarah Helgen	Transaction ID: D281547 Date of Disbursement MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 3127 18th Ave S	
	City Minneapolis State MN Zip Code 55407-4791	Amount of Each Disbursement this Period 160.43
	Purpose of Disbursement Parking, Tolls, Travel, Postage, Maintenance, Office Supplies, Gas Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hibo S Isaq	Transaction ID: D281626 Date of Disbursement MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 371 S Winthrop St #291	
	City Saint Paul State MN Zip Code 55119	Amount of Each Disbursement this Period 298.37
	Purpose of Disbursement Payroll 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1687.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



B. Form/Schedule : **SB21B**  
Transaction ID : **D281547**

Parking - Graves 101 & Crown Plaza \$29.00. Tolls- Maryland Transportation - 9.00. General Office postage - 17.50. Target- Light Bulbs \$ 52.38. Gas \$21.86 Flying J Travel Plaza, Fed X & Kinko's \$30.69  
Misc construction paper

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)  
Libby Keefe

Mailing Address 591 Lincoln Ave

City State Zip Code  
Saint Paul MN 55102-2814

Purpose of Disbursement  
Postage, Office Supplies, Trash Pick Up

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D281546  
Date of Disbursement

04 / 09 / 2009

Amount of Each Disbursement this Period

406.96

B.

Full Name (Last, First, Middle Initial)  
LawProse Inc

Mailing Address 14180 Dallas Parkway, Suite 280

City State Zip Code  
Dallas TX 75225

Purpose of Disbursement  
Writing Seminar

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D281565  
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

410.00

C.

Full Name (Last, First, Middle Initial)  
Lori Peterson & Associates

Mailing Address 10 S 5th St

City State Zip Code  
Minneapolis MN 55402-1001

Purpose of Disbursement  
Issue Research

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D281553  
Date of Disbursement

04 / 09 / 2009

Amount of Each Disbursement this Period

311.46

SUBTOTAL of Disbursements This Page (optional) ▶

1128.42

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

A. Form/Schedule : **SB21B**  
Transaction ID : **D281546**

3/27/09 Got Junk 2194 Irene St Roseville MN 55113 Trash Removal \$345.38 3/27/09 USPS Riverside Station 180 Kellogg Blvd E # 127 St Paul, MN 55101-9998 Postage \$10.75 2/26/09 Office Max 1450 Mendota Road, Inner Grove Heights MN 55077 Office Supplies \$7.49 3/25/09 USPS Riverside Station 180 Kellogg Blvd E # 127 St Paul, MN 55101-9998 Postage \$1.34

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Melendez</p> <p>Mailing Address 1777 Dupont Ave S</p> <p>City Minneapolis State MN Zip Code 55403-3066</p> <p>Purpose of Disbursement Travel, Periodical, Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281545</p> <p>Date of Disbursement MM / DD / YYYY 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2766.11</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Minnesota Revenue</p> <p>Mailing Address PO Box 821</p> <p>City Minneapolis State MN Zip Code 55480-0821</p> <p>Purpose of Disbursement Withholding tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281595</p> <p>Date of Disbursement MM / DD / YYYY 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 214.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Minnesota Revenue</p> <p>Mailing Address PO Box 821</p> <p>City Minneapolis State MN Zip Code 55480-0821</p> <p>Purpose of Disbursement Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281596</p> <p>Date of Disbursement MM / DD / YYYY 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 794.00</p>

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

3774.11

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

A. Form/Schedule : **SB21B**  
Transaction ID : **D281545**

Food for Chair fundraising meetings- Pizza Hut \$83.62, Boca Chica \$25.18, Peter's Grill - \$20.96, Ike's Food \$39.38, Vincents Restaurant \$31.89, Key's Cafe \$11.01, Murray's 20 S 6th St Minneapolis, MN \$310.36 , Fogo de Chao 645 Hennepin Ave, Minneapolis, MN 55403 \$571.33 Periodical- The Spokesman Recorder Subscription \$60.00, Amazon, Periodicals \$20.99. Olmstead County DFL Dinner \$150.00, Lowry Hill Liquor, 1922 Hennepin Ave, Minneapolis, MN HHH Day reception \$402.52, Air Fare \$ 1,038.57 for Andy O'Leary, Donna Cassutt, Jamie Tincher, meetings in Washington DC

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Minnesota Revenue	Transaction ID: D281597 Date of Disbursement 04 / 29 / 2009
	Mailing Address PO Box 821	Amount of Each Disbursement this Period 966.00
	City Minneapolis State MN Zip Code 55480-0821	
	Purpose of Disbursement Withholding Tax	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Minnesota Revenue	Transaction ID: D281598 Date of Disbursement 04 / 10 / 2009
	Mailing Address PO Box 821	Amount of Each Disbursement this Period 246.05
	City Minneapolis State MN Zip Code 55480-0821	
	Purpose of Disbursement Withholding Tax	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Minnesota UC Fund	Transaction ID: D281609 Date of Disbursement 04 / 29 / 2009
	Mailing Address PO Box 821	Amount of Each Disbursement this Period 3395.23
	City Minneapolis State MN Zip Code 55480-0821	
	Purpose of Disbursement State Unemployment Tax	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4607.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Andrew O'Leary	Transaction ID: D281631 Date of Disbursement 04 / 22 / 2009
	Mailing Address 255 Plato Blvd E	Amount of Each Disbursement this Period 800.00
	City Saint Paul State MN Zip Code 55107-1623	
	Purpose of Disbursement Payroll 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) ▼

B.	Full Name (Last, First, Middle Initial) Andrew O'Leary	Transaction ID: D281612 Date of Disbursement 04 / 07 / 2009
	Mailing Address 255 Plato Blvd E	Amount of Each Disbursement this Period 1907.86
	City Saint Paul State MN Zip Code 55107-1623	
	Purpose of Disbursement Payroll 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) ▼

C.	Full Name (Last, First, Middle Initial) Andrew O'Leary	Transaction ID: D281613 Date of Disbursement 04 / 07 / 2009
	Mailing Address 255 Plato Blvd E	Amount of Each Disbursement this Period 1186.20
	City Saint Paul State MN Zip Code 55107-1623	
	Purpose of Disbursement Payroll 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3894.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Andrew O'Leary	Transaction ID: D281614 Date of Disbursement 04 / 07 / 2009
	Mailing Address 255 Plato Blvd E	
	City Saint Paul State MN Zip Code 55107-1623	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Payroll 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) ▼

B.	Full Name (Last, First, Middle Initial) Andrew O'Leary	Transaction ID: D281615 Date of Disbursement 04 / 24 / 2009
	Mailing Address 255 Plato Blvd E	
	City Saint Paul State MN Zip Code 55107-1623	Amount of Each Disbursement this Period 1107.85
	Purpose of Disbursement Payroll 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) ▼

C.	Full Name (Last, First, Middle Initial) Andrew O'Leary	Transaction ID: D281616 Date of Disbursement 04 / 24 / 2009
	Mailing Address 255 Plato Blvd E	
	City Saint Paul State MN Zip Code 55107-1623	Amount of Each Disbursement this Period 1186.20
	Purpose of Disbursement Payroll 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3094.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Obama for America	Transaction ID: D289868 Date of Disbursement
	Mailing Address PO Box 8102	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60680	Amount of Each Disbursement this Period
	Purpose of Disbursement COBRA premium CFC employees	<input type="text" value="732.61"/>
	Candidate Name Barack Obama	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* In-Kind Received
	State: District:	

B.	Full Name (Last, First, Middle Initial) OPEIU # 12	Transaction ID: D281568 Date of Disbursement
	Mailing Address 2520 Broadway St NE Ste 200	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Minneapolis State MN Zip Code 55413-1975	Amount of Each Disbursement this Period
	Purpose of Disbursement Union Dues	<input type="text" value="1049.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Take Action Minnesota	Transaction ID: D281551 Date of Disbursement
	Mailing Address 1821 University Ave W	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
	Purpose of Disbursement Bowling Event	<input type="text" value="150.00"/>
	Candidate Name Take Action Minnesota	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1931.61"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jaime Tincher</p> <p>Mailing Address 3628 24th Ave S</p> <p>City Minneapolis State MN Zip Code 55406-2521</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281629</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2585.71</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jaime Tincher</p> <p>Mailing Address 3628 24th Ave S</p> <p>City Minneapolis State MN Zip Code 55406-2521</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281630</p> <p>Date of Disbursement 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2585.73</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) David Wakely</p> <p>Mailing Address 1151 Hamline Ave N</p> <p>City Saint Paul State MN Zip Code 55108-2613</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281627</p> <p>Date of Disbursement 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1413.00</p> <p>Category/Type</p>

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

6584.44

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b> Full Name (Last, First, Middle Initial) David Wakely</p> <p>Mailing Address 1151 Hamline Ave N</p> <p>City Saint Paul State MN Zip Code 55108-2613</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281628</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1413.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Xiong</p> <p>Mailing Address 296 Ruth St N #3</p> <p>City St Paul State MN Zip Code 55119</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281632</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="742.30"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mary Xiong</p> <p>Mailing Address 296 Ruth St N #3</p> <p>City St Paul State MN Zip Code 55119</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281633</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="549.10"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2704.40"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)  
Young Democrats of America

Mailing Address PO Box 77496

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Registration Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D281543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

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

50.00

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

76315.71

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)  
John Raplinger

Mailing Address 11897 210th St W

City Lakeville State MN Zip Code 55044-7450

Purpose of Disbursement  
Refund Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D281571

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Amount of Each Disbursement this Period

250.00
--------

SUBTOTAL of Disbursements This Page (optional) ..... ►

250.00
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TOTAL This Period (last page this line number only) ..... ►

250.00
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**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)  
Laborers Political League Edu Fund

Transaction ID: D281561

Date of Disbursement

Mailing Address 905 16th St NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	9

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
Refund Contribution

--

Candidate Name  
Laborers Political League Edu Fund

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

10000.00
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TOTAL This Period (last page this line number only) ..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) American Security	Transaction ID: D281554 Date of Disbursement
	Mailing Address PO Box 1150	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Minneapolis State MN Zip Code 55480-1150	Amount of Each Disbursement this Period
	Purpose of Disbursement Recount Office Security	<input type="text" value="6398.95"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	

B.	Full Name (Last, First, Middle Initial) American Security	Transaction ID: D281555 Date of Disbursement
	Mailing Address PO Box 1150	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Minneapolis State MN Zip Code 55480-1150	Amount of Each Disbursement this Period
	Purpose of Disbursement Recount Office Security	<input type="text" value="6524.19"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	

C.	Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment	Transaction ID: D281605 Date of Disbursement
	Mailing Address Federal Withholding Taxes	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Iowa City State IA Zip Code 52244	Amount of Each Disbursement this Period
	Purpose of Disbursement Recount Federal Unemployment Tax	<input type="text" value="374.77"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Recount	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13297.91"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A.	Full Name (Last, First, Middle Initial) Fredrikson & Byron, PA	Transaction ID: D281557 Date of Disbursement 04 / 22 / 2009
	Mailing Address PO Box 1484	Amount of Each Disbursement this Period 160233.18
	City Minneapolis State MN Zip Code 55480	
	Purpose of Disbursement Recount Legal Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

B.	Full Name (Last, First, Middle Initial) Lockridge Grindal Nauen PLLP	Transaction ID: D281558 Date of Disbursement 04 / 22 / 2009
	Mailing Address 100 Washington Ave S, Ste 2200	Amount of Each Disbursement this Period 34216.81
	City Minneapolis State MN Zip Code 55401	
	Purpose of Disbursement Recount Legal Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

C.	Full Name (Last, First, Middle Initial) Lockridge Grindal Nauen PLLP	Transaction ID: D281559 Date of Disbursement 04 / 22 / 2009
	Mailing Address 100 Washington Ave S, Ste 2200	Amount of Each Disbursement this Period 1900.00
	City Minneapolis State MN Zip Code 55401	
	Purpose of Disbursement Recount Legal Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	196349.99
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<p><b>A.</b> Full Name (Last, First, Middle Initial) Minnesota UC Fund</p> <p>Mailing Address PO Box 821</p> <p>City Minneapolis State MN Zip Code 55480-0821</p> <p>Purpose of Disbursement Recount State Unemployment Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D281610 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1748.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave #4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Recount Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D281560 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 250000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schlough Strategic Consulting</p> <p>Mailing Address 2328 Champlain St NW #324</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Recount Consulting Interactive Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Recount</p>	<p><b>Transaction ID:</b> D281556 <b>Date of Disbursement</b> 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1882.00</p>

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

253630.25

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

463278.15

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) Brunswick Zone Mailing Address 7545 Brooklyn Blvd City Brooklyn Park State MN Zip Code 55443 Purpose of Disbursement FEA/GOTV Bowling Party Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D281549 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 487.34
<b>B.</b> Full Name (Last, First, Middle Initial) Worldcall Internet Inc Mailing Address 1250 S Capital of Texas Hwy Building #2 #235 City Austin State TX Zip Code 78746 Purpose of Disbursement FEA Voice Mail & Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D281566 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1252.62

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1739.96

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

1739.96

**SCHEDULE D (FEC Form 3X)**

**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)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> AJ Shaake Inc			Nature of Debt (Purpose): HHH Dinner Award
Mailing Address 919 St Claire Ave			
City Saint Paul	State MN	ZIP Code 55104	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D289886</b>	
Amount Incurred This Period <input type="text" value="329.91"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="329.91"/>

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Apres Party & Tent Rental			Nature of Debt (Purpose): Finance Charge
Mailing Address 7625 Cahill Rd			
City Edina	State MN	ZIP Code 55439-2747	

Outstanding Balance Beginning This Period <input type="text" value="6.22"/>	<b>Transaction ID: D293785</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6.22"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Avenet LLC			Nature of Debt (Purpose): Web Hosting
Mailing Address 400 Sibley St Ste 560			
City Saint Paul	State MN	ZIP Code 55101-3170	

Outstanding Balance Beginning This Period <input type="text" value="4609.00"/>	<b>Transaction ID: D293788</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4609.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4938.91"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 60 / 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AVVR Inc	Nature of Debt (Purpose): State Convention Sound
Mailing Address 3994 Cedarvale Dr	
City Eagan State MN ZIP Code 55122-1410	

Outstanding Balance Beginning This Period 5221.35	<b>Transaction ID: D293794</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5221.35

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Best Western Inn Thief River Falls	Nature of Debt (Purpose): Travel Expenses
Mailing Address 1060 Highway 32 South	
City Thief River Falls State MN ZIP Code 56701	

Outstanding Balance Beginning This Period 86.25	<b>Transaction ID: D219896</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 86.25

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Charter Communications	Nature of Debt (Purpose): Field Office Phones
Mailing Address 3380 NORTHERN VALLEY PL NE	
City Rochester State MN ZIP Code 55906-3954	

Outstanding Balance Beginning This Period 7932.90	<b>Transaction ID: D293803</b>	
Amount Incurred This Period 289.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 8222.89

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>13530.49</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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 10

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Claude M Anderson Electic	Nature of Debt (Purpose): Building Repair
Mailing Address 1551 Payne Ave	
City Saint Paul State MN ZIP Code 55130	

Outstanding Balance Beginning This Period 98.00	<b>Transaction ID: D307222</b>	
Amount Incurred This Period 0.00	Payment This Period 98.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Convio	Nature of Debt (Purpose): Web Page Data Host
Mailing Address PO Box 671445	
City Dallas State TX ZIP Code 75267-1445	

Outstanding Balance Beginning This Period 4050.00	<b>Transaction ID: D219888</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4050.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cooperative Print Solutions	Nature of Debt (Purpose): Printing State Party Annual Report
Mailing Address PO Box 2667 PO Box 9438	
City Minneapolis State MN ZIP Code 55402-0667	

Outstanding Balance Beginning This Period 4461.36	<b>Transaction ID: D293512</b>	
Amount Incurred This Period 725.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 5186.37

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>9236.37</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Deep Rock Water Company			Nature of Debt (Purpose): Drinking Water
Mailing Address PO Box 173898			
City Denver	State CO	ZIP Code 80217-3898	

Outstanding Balance Beginning This Period 210.62		<b>Transaction ID:</b> D28194	
Amount Incurred This Period 79.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 290.14	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Electro Watchman			Nature of Debt (Purpose): Alarm Service
Mailing Address 1 Water St W Ste 110			
City Saint Paul	State MN	ZIP Code 55107-2097	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> D295357	
Amount Incurred This Period 521.24	Payment This Period 0.00	Outstanding Balance at Close of This Period 521.24	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Expedite			Nature of Debt (Purpose): Fundraising Direct Mail
Mailing Address 3770 Dunlap St N			
City Arden Hills	State MN	ZIP Code 55112-6907	

Outstanding Balance Beginning This Period 1798.64		<b>Transaction ID:</b> D295471	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1798.64	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	2610.02
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Carole Faricy			Nature of Debt (Purpose): Decorations HHH Day Dinner
Mailing Address 650 Mount Curve Blvd			
City Saint Paul	State MN	ZIP Code 55116	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: D289887</b>	
Amount Incurred This Period <input type="text" value="1589.29"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1589.29"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Graphics Exhibit Inc			Nature of Debt (Purpose): Flag Replacement
Mailing Address 339 Fillmore Ave E			
City Saint Paul	State MN	ZIP Code 55107-1205	

Outstanding Balance Beginning This Period <input type="text" value="209.14"/>		<b>Transaction ID: D294043</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="209.14"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Honsa-Binder Printing			Nature of Debt (Purpose): Fundraising Envelopes & Letterhead
Mailing Address 320 Spruce St			
City Saint Paul	State MN	ZIP Code 55101-2445	

Outstanding Balance Beginning This Period <input type="text" value="3761.40"/>		<b>Transaction ID: D294010</b>	
Amount Incurred This Period <input type="text" value="495.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4256.90"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="6055.33"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Independent School District 279			Nature of Debt (Purpose): State Central Committee Rent
Mailing Address 11200 93rd Ave N			
City Maple Grove	State MN	ZIP Code 55369-3669	

Outstanding Balance Beginning This Period <input type="text" value="351.00"/>		<b>Transaction ID: D287471</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="351.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Joe's Lawnscape			Nature of Debt (Purpose): Lawn Service
Mailing Address 256 6th Ave S			
City South Saint Paul	State MN	ZIP Code 55075-2339	

Outstanding Balance Beginning This Period <input type="text" value="1456.86"/>		<b>Transaction ID: D293811</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1456.86"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> LexisNexis			Nature of Debt (Purpose): Search Engine
Mailing Address PO Box 933			
City Dayton	State OH	ZIP Code 45401-0933	

Outstanding Balance Beginning This Period <input type="text" value="2005.00"/>		<b>Transaction ID: D287475</b>	
Amount Incurred This Period <input type="text" value="461.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2466.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2817.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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9  
 10

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Lori Peterson & Associates			Nature of Debt (Purpose): Issue Research
Mailing Address 10 S 5th St			
City Minneapolis	State MN	ZIP Code 55402-1001	

Outstanding Balance Beginning This Period <input type="text" value="311.46"/>		<b>Transaction ID: D293812</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="311.46"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Mayo Civic Center			Nature of Debt (Purpose): Convention Rent
Mailing Address 30 Civic Center Dr SE			
City Rochester	State MN	ZIP Code 55904-3773	

Outstanding Balance Beginning This Period <input type="text" value="598.61"/>		<b>Transaction ID: D293813</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="598.61"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Meyer Associates Inc			Nature of Debt (Purpose): GOTV Calling
Mailing Address 14 7th Ave N			
City Saint Cloud	State MN	ZIP Code 56303-4753	

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>		<b>Transaction ID: D287478</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="10598.61"/>
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<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Midwest Radio Rentals			Nature of Debt (Purpose): Election Night Party Comm- unication
Mailing Address 1800 Cliff Rd E			
City Burnsville	State MN	ZIP Code 55337-1345	

Outstanding Balance Beginning This Period <input type="text" value="197.34"/>		<b>Transaction ID: D287479</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="197.34"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Minnesota UC Fund			Nature of Debt (Purpose): Correction of Underpayment
Mailing Address PO Box 821			
City Minneapolis	State MN	ZIP Code 55480-0821	

Outstanding Balance Beginning This Period <input type="text" value="25196.60"/>		<b>Transaction ID: D293874</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25196.60"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Mitel Leasing			Nature of Debt (Purpose): Phone Equipment Lease
Mailing Address 1140 West Loop N			
City Houston	State TX	ZIP Code 77055	

Outstanding Balance Beginning This Period <input type="text" value="365.00"/>		<b>Transaction ID: D293814</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="365.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="25758.94"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> North Central States Regional Council of Carpenter			Nature of Debt (Purpose): Volunteer Generic GOTV meetings
Mailing Address 700 Olive St			
City Saint Paul	State MN	ZIP Code 55130-4405	

Outstanding Balance Beginning This Period 700.00		<b>Transaction ID: D287474</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 700.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Mini Storage North Star			Nature of Debt (Purpose): Storage Space
Mailing Address 2356 University Ave W			
City Saint Paul	State MN	ZIP Code 55114	

Outstanding Balance Beginning This Period 140.00		<b>Transaction ID: D293842</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Ocean Ocean Tech			Nature of Debt (Purpose): Waste Recycler
Mailing Address 7509 W 27th St			
City Minneapolis	State MN	ZIP Code 55426-3105	

Outstanding Balance Beginning This Period 357.50		<b>Transaction ID: D287483</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 357.50	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	1197.50
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Office Depot			Nature of Debt (Purpose): Office Supplies
Mailing Address PO Box 633211			
City Cincinnati	State OH	ZIP Code 45263-3211	

Outstanding Balance Beginning This Period <input type="text" value="4392.22"/>		<b>Transaction ID: D287484</b>	
Amount Incurred This Period <input type="text" value="304.74"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4696.96"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Pitney Bowes Purchase Power			Nature of Debt (Purpose): Office Postage
Mailing Address PO Box 85390			
City Louisville	State KY	ZIP Code 40285-5390	

Outstanding Balance Beginning This Period <input type="text" value="29487.03"/>		<b>Transaction ID: D287529</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3103.80"/>	Outstanding Balance at Close of This Period <input type="text" value="26383.23"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> RJF Kramer & Associates			Nature of Debt (Purpose): Printing
Mailing Address 1471 Barclay St			
City Saint Paul	State MN	ZIP Code 55106-1405	

Outstanding Balance Beginning This Period <input type="text" value="1554.73"/>		<b>Transaction ID: D287515</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1554.73"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="32634.92"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Saint Paul Public Schools			Nature of Debt (Purpose): SCC Meeting Rent
Mailing Address 360 Colborne St			
City Saint Paul	State MN	ZIP Code 55102-3228	

Outstanding Balance Beginning This Period 1558.00		<b>Transaction ID: D293515</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1558.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Sandler Reiff & Young			Nature of Debt (Purpose): Legal Fees
Mailing Address 300 M Street SE #1102			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period 1200.00		<b>Transaction ID: D287517</b>	
Amount Incurred This Period 1200.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Seven Clans Casino			Nature of Debt (Purpose): Food - Generic GOTV Training
Mailing Address Red Lake			
City Red Lake	State MN	ZIP Code 56000	

Outstanding Balance Beginning This Period 300.00		<b>Transaction ID: D287465</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	4258.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 70 / 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Seven Corners Printing	Nature of Debt (Purpose): Printing
Mailing Address 230 7th St W	
City State ZIP Code Saint Paul MN 55102-2523	

Outstanding Balance Beginning This Period 202.70	<b>Transaction ID: D287518</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 202.70

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Shooting Star	Nature of Debt (Purpose): Room Rental
Mailing Address PO Box 418	
City State ZIP Code Mahnomon MN 56557-0418	

Outstanding Balance Beginning This Period 1716.63	<b>Transaction ID: D287519</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1716.63

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Solution Builders	Nature of Debt (Purpose): Software Support
Mailing Address 7800 Metro Pkwy Ste 300	
City State ZIP Code Bloomington MN 55425-1509	

Outstanding Balance Beginning This Period 10248.81	<b>Transaction ID: D293816</b>	
Amount Incurred This Period 1950.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 9198.81

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	11118.14
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**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)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Special School District No 1			Nature of Debt (Purpose): Meeting Room Rent
Mailing Address 807 Northeast Broadway			
City Minneapolis	State MN	ZIP Code 55413	

Outstanding Balance Beginning This Period <input type="text" value="385.00"/>		<b>Transaction ID: D293818</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="385.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> The Coates Plaza Hotel			Nature of Debt (Purpose): SCC meeting
Mailing Address 502 Chestnut St			
City Virginia	State MN	ZIP Code 55792-2532	

Outstanding Balance Beginning This Period <input type="text" value="1904.11"/>		<b>Transaction ID: D287521</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1904.11"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> The Southpaw Group			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 316 Hennepin Ave			
City Minneapolis	State MN	ZIP Code 55414	

Outstanding Balance Beginning This Period <input type="text" value="2404.60"/>		<b>Transaction ID: D287522</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2404.60"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4308.71"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**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)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Voter Activation Network			Nature of Debt (Purpose): Email Service
Mailing Address 54 Regent St			
City Cambridge	State MA	ZIP Code 02140-2112	

Outstanding Balance Beginning This Period 31179.30		<b>Transaction ID: D287524</b>	
Amount Incurred This Period 3756.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 34935.55	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Weinblatt & Gaylord PLC			Nature of Debt (Purpose): Legal Fees
Mailing Address 111 Kellogg Blvd E			
City Saint Paul	State MN	ZIP Code 55101-1236	

Outstanding Balance Beginning This Period 9337.80		<b>Transaction ID: D287525</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9337.80	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> David Weinlick			Nature of Debt (Purpose): Volunteer Food
Mailing Address 7380 Sanel Rd			
City Saint Paul	State MN	ZIP Code 55125	

Outstanding Balance Beginning This Period 11.42		<b>Transaction ID: D287469</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11.42	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	44284.77
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 73 / 93	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Winning Connections			Nature of Debt (Purpose): Voter Turnout
Mailing Address 317 Pennsylvania Ave SE #200			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period		Transaction ID: D293820	
10000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	183347.71
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	183347.71

**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

**Minnesota Democratic-Farmer-Labor Party**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.  
**For PACs Only** : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

**Humphrey**

ACTIVITY IS:

- Fundraising       Direct Candidate Support

CHECK IF THE RATIO IS:

- New       Revised       Same as Previously Reported

FEDERAL %

**39.00** %

NONFEDERAL %

**61.00** %

**Transaction ID:  
R805**

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	4953.50

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	4953.50	Transaction ID: T2062
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9	5313.50

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	5313.50	Transaction ID: T2063
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9	5000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	5000.00	Transaction ID: T2064
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	4000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	4000.00	Transaction ID: T2073
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	2966.38

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	2966.38	Transaction ID: T2074
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9	1600.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1600.00	Transaction ID: T2075
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	



**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT Non Federal Portion of Admin	DATE OF RECEIPT M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	TOTAL AMOUNT TRANSFERRED 2871.18
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	2871.18	Transaction ID: T2084
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9	26000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....		0.00	Transaction ID: T2089
<b>ii) Generic Voter Drive</b> .....			Transaction ID:
<b>iii) Exempt Activities</b> .....			Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)			
a) <u>Humphrey</u>	26000.00		Transaction ID: T2090
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		26000.00	
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....			
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)			Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	26704.56
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	26000.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	52704.56

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> Array Financial Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2500 Mendelssohn Ave N			Allocated Activity or Event Year-To-Date 175822.46	
City Golden Valley	State MN	Zip Code 55427-3119	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 04 / 23 / 2009	
Purpose of Disbursement: Directors abd Officers Insurance				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.55		881.45		1037.00

<b>B. Full Name (Last, First, Middle Initial)</b> Array Financial Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2500 Mendelssohn Ave N			Allocated Activity or Event Year-To-Date 175822.46	
City Golden Valley	State MN	Zip Code 55427-3119	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 04 / 13 / 2009	
Purpose of Disbursement: General Liability Insurance				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
506.65		2871.03		3377.68

<b>C. Full Name (Last, First, Middle Initial)</b> Aspen Waste Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2951 Weeks Ave SE			Allocated Activity or Event Year-To-Date 175822.46	
City Minneapolis	State MN	Zip Code 55414-2833	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 04 / 12 / 2009	
Purpose of Disbursement: Trash & Recycling				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.59		94.01		110.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
678.79		3846.49		4525.28

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> Atomic			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 615 N. 3rd Street			Allocated Activity or Event Year-To-Date 175822.46		
City Minneapolis	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Internet Access			Transaction ID: D281567		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.07		606.68		713.75

<b>B. Full Name (Last, First, Middle Initial)</b> City of Saint Paul			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 350 St Peter St #300			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55102	Date <input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Alarm Fee			Transaction ID: D281577		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		29.75		35.00

<b>C. Full Name (Last, First, Middle Initial)</b> Claude M Anderson Electric			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1551 Payne Ave			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55130	Date <input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Building Repair			Transaction ID: D281578		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.70		83.30		98.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.02		719.73		846.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> Cornerstone Horses, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 591 Lincoln Avenue			Allocated Activity or Event Year-To-Date 175822.46	
City Saint Paul	State MN	Zip Code 55102	Date MM / DD / YYYY 04 / 09 / 2009	
Purpose of Disbursement: Accounting Services			Transaction ID: D281544	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.00		4250.00		5000.00

<b>B. Full Name (Last, First, Middle Initial)</b> Department of Administration			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 Sherburne Ave			Allocated Activity or Event Year-To-Date 175822.46	
City Saint Paul	State MN	Zip Code 55155-1402	Date MM / DD / YYYY 04 / 12 / 2009	
Purpose of Disbursement: Meeting Space Rental			Transaction ID: D281579	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.73		94.77		111.50

<b>C. Full Name (Last, First, Middle Initial)</b> Direct TV			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 60036			Allocated Activity or Event Year-To-Date 175822.46	
City Los Angeles	State CA	Zip Code 90060-0036	Date MM / DD / YYYY 04 / 12 / 2009	
Purpose of Disbursement: Cable TV			Transaction ID: D281580	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.23		267.63		314.86

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
813.96		4612.40		5426.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> GE Capital			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 31001 0273			Allocated Activity or Event Year-To-Date 175822.46		
City Pasadena	State CA	Zip Code 91110	Date MM / DD / YYYY 04 / 12 / 2009		
Purpose of Disbursement: Copier Lease			Transaction ID: D281581		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
135.07		765.37		900.44

<b>B. Full Name (Last, First, Middle Initial)</b> Hilton Hotel			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1001 Marquette Ave			Allocated Activity or Event Year-To-Date 69000.00		
City Minneapolis	State MN	Zip Code 55403	Date MM / DD / YYYY 04 / 03 / 2009		
Purpose of Disbursement: HHH Dinner			Transaction ID: D281570		
Activity or Event Identifier: Humphrey Day 2009 39% Federal 61% State					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3510.00		5490.00		9000.00

<b>C. Full Name (Last, First, Middle Initial)</b> Hotels.com			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 10440 N Central Expy			Allocated Activity or Event Year-To-Date 175822.46		
City Dallas	State TX	Zip Code 75231-2221	Date MM / DD / YYYY 04 / 23 / 2009		
Purpose of Disbursement: Room Rental			Transaction ID: D281592		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.94		333.96		392.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3704.01		6589.33		10293.34

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

C. Form/Schedule : **H4**

Hilton Washington 1919 Connecticut Ave NW Washington DC 20009 2 nights hotel room

Transaction ID : **D281592**

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> Joe's Lawnscape			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 256 6th Ave S			Allocated Activity or Event Year-To-Date 175822.46		
City South Saint Paul	State MN	Zip Code 55075-2339	Date MM / DD / YYYY 04 / 28 / 2009		
Purpose of Disbursement: Lawn Service			Transaction ID: D281593		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
218.53		1238.33		1456.86

<b>B. Full Name (Last, First, Middle Initial)</b> Farmer Labor Party Minnesota Democratic -STATE AC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 255 E Plato Blvd			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55107	Date MM / DD / YYYY 04 / 30 / 2009		
Purpose of Disbursement: Transfer of Non Federal Share of Refunds			Transaction ID: D288914		
Activity or Event Identifier: Administrative 2008 Ratio 36% Fed 64% St					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6307.12		0.00		6307.12

<b>C. Full Name (Last, First, Middle Initial)</b> Pitney Bowes Purchase Power			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 85390			Allocated Activity or Event Year-To-Date 175822.46		
City Louisville	State KY	Zip Code 40285-5390	Date MM / DD / YYYY 04 / 10 / 2009		
Purpose of Disbursement: Office Postage			Transaction ID: D281573		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
465.57		2638.23		3103.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6991.22		3876.56		10867.78

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> Solution Builders			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 7800 Metro Pkwy   Ste 300			Allocated Activity or Event Year-To-Date 175822.46																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> Transaction ID: D281588			M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	5	/	2	0	0	9
M	M	/				D	D	/	Y	Y	Y	Y													
0	4	/	1	5	/	2	0	0	9																
Bloomington	MN	55425-1509																							
Purpose of Disbursement: Software Support			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
450.00		2550.00		3000.00

<b>B. Full Name (Last, First, Middle Initial)</b> Special School District No 1			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 807 Northeast Broadway			Allocated Activity or Event Year-To-Date 175822.46																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> Transaction ID: D281582			M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	0	9
M	M	/				D	D	/	Y	Y	Y	Y													
0	4	/	1	2	/	2	0	0	9																
Minneapolis	MN	55413																							
Purpose of Disbursement: Meeting Room Rent			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.75		327.25		385.00

<b>C. Full Name (Last, First, Middle Initial)</b> SPRWS			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1900 Rice St			Allocated Activity or Event Year-To-Date 175822.46																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> Transaction ID: D281574			M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	0	9
M	M	/				D	D	/	Y	Y	Y	Y													
0	4	/	1	2	/	2	0	0	9																
Saint Paul	MN	55113-6810																							
Purpose of Disbursement: Water Service			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.99		45.29		53.28

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
515.74		2922.54		3438.28

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> UPS			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 505820			Allocated Activity or Event Year-To-Date 175822.46		
City The Lakes	State NV	Zip Code 88905-5820	Date <input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Shipping			Transaction ID: D281583		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.99		50.97		59.96

<b>B. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Bank Charges			Transaction ID: D281562		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.63		128.22		150.85

<b>C. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Bank Charges			Transaction ID: D281563		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.77		259.33		305.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.39		438.52		515.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Bank Charges			Transaction ID: D281564		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		29.75		35.00

<b>B. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Mortgage			Transaction ID: D281587		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
779.35		4416.38		5195.73

<b>C. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Bank Charges			Transaction ID: D281590		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.62		31.88		37.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
790.22		4478.01		5268.23

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

<b>A. Full Name (Last, First, Middle Initial)</b> US Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5th and Robert St			Allocated Activity or Event Year-To-Date 175822.46		
City Saint Paul	State MN	Zip Code 55101	Date <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Bank Charges			Transaction ID: D281591		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.62		31.88		37.50

<b>B. Full Name (Last, First, Middle Initial)</b> Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 25505			Allocated Activity or Event Year-To-Date 175822.46		
City Lehigh Valley	State PA	Zip Code 18002-5505	Date <input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Cell Phones			Transaction ID: D281584		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
443.79		2514.79		2958.58

<b>C. Full Name (Last, First, Middle Initial)</b> Vonage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2147 Route 27			Allocated Activity or Event Year-To-Date 175822.46		
City Edison	State NJ	Zip Code 08817	Date <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Phone Service			Transaction ID: D281589		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
593.25		3361.80		3955.05

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1042.66		5908.47		6951.13

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
Xcel Energy

Mailing Address  
414 Nicollet Mall

City	State	Zip Code
Minneapolis	MN	55401-1927

Purpose of Disbursement:  
Utilities

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
175822.46

Date  /  /   
**Transaction ID:** D281585

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
263.12		1491.03		1754.15

**B. Full Name (Last, First, Middle Initial)**  
XO Communications

Mailing Address  
PO Box 828618

City	State	Zip Code
Philadelphia	PA	19182-0001

Purpose of Disbursement:  
Phone Service

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
175822.46

Date  /  /   
**Transaction ID:** D281569

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.95		810.05		953.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
406.07		2301.08		2707.15

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
15147.08		35693.13		50840.21