

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FRIENDS OF HAGEDORN

ADDRESS (number and street) 11 CIVIC CENTER PLZ STE 007 MANKATO MN 56001-7710

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00550707 3. IS THIS REPORT NEW (N) OR AMENDED (A) MN 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) [] Termination Report (TER)

(b) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2014 through 03/31/2014

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

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer DOUGLAS R HITZEMANN [Electronically Filed] Date MM/DD/YYYY 04/14/2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF HAGEDORN

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8335.00	33470.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8335.00	33420.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24982.71	38412.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24982.71	38412.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4350.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5750.00	27135.00
(ii) Unitemized.....	2585.00	2585.00
(iii) TOTAL of contributions from individuals ▶	8335.00	29720.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	3750.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8335.00	33470.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13335.00	38470.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24982.71	38412.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24982.71	38462.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15998.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13335.00
25. SUBTOTAL (add Line 23 and Line 24).....	29333.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24982.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4350.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
PAUL BREITBARTH

Mailing Address 6938 NE HALBROOK LN

City ANKENY State IA Zip Code 50023

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

Name of Employer SALES Occupation POWER SYSTEMS

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period
 250.00

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

Mailing Address 40750 441ST AVE

City NICOLLET State MN Zip Code 56074

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
 350.00

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

Mailing Address 45198 400TH ST

City NICOLLET State MN Zip Code 56074

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
 350.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. PAT FITZSIMMONS		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 72515 237TH ST		Transaction ID : SA11AI.4294	
City DASSEL	State MN	Zip Code 55325	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer PROTEIN SOURCES	Occupation FARM MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 1750.00		

Full Name (Last, First, Middle Initial) B. PAUL FITZSIMMONS		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 54440 148TH ST		Transaction ID : SA11AI.4293	
City GOOD THUNDER	State MN	Zip Code 56037	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer PROTEIN SOURCES	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. MARY HEWITT		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 4600 VIA DOLCE # 115		Transaction ID : SA11AI.4287	
City MARINA DEL REY	State CA	Zip Code 90292	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BOYS & GIRLS CLUB	Occupation EXEC DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

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

Mailing Address 308 SMITH COURT

City State Zip Code
MAPLETON MN 56065

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

Name of Employer Occupation
PROTEIN SOURCES PARTNER

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 28 2014

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
500.00

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

Mailing Address 48414 BEAVER DAM ROAD

City State Zip Code
ELYSIAN MN 56028

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 22 2014

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
250.00

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

Mailing Address 931 MADISON AVE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
CENTURY 21 LANDMARK REALTORS REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 14 2014

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
FRANK PIERUCCINI

Mailing Address 871 FORESTVILLE MEADOWS DR

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
RAPPAPORT MGMT ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 279

City State Zip Code
TRUMAN MN 56088

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

Name of Employer Occupation
SELF RODE CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
250.00

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

Mailing Address 530 S FRONT ST

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
GROWTH HOLDINGS MANAGER

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. LONDON SMITH		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address 530 S FRONT ST		Transaction ID : SA11AI.4329	
City MANKATO	State MN	Zip Code 56001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer GROWTH DEVELOPMENT	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. GARY STEUART		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 40184 120TH ST		Transaction ID : SA11AI.4338	
City MABEL	State MN	Zip Code 55954	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer OWNER	Occupation STEUART LABORATORIES		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) C. GARY STEUART		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 40184 120TH ST		Transaction ID : SA11AI.4340	
City MABEL	State MN	Zip Code 55954	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer OWNER	Occupation STEUART LABORATORIES		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 700.00		

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
KENNETH WILMES

Mailing Address 58928 211TH LANE

City MANKATO State MN Zip Code 56001

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

Name of Employer INDUSTRIAL FABRICATION SERVICE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11Al.4299

Amount of Each Receipt this Period
 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

100.00

5750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 63		Transaction ID : SA13A.4349
City BLUE EARTH	State MN	
Zip Code 56013		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C HOMN01045	Name of Employer	Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 8750.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		FEC ID number of contributing federal political committee. C
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		FEC ID number of contributing federal political committee. C
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. AMBIENT LIGHT STUDIOS		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 310 MAIN ST NE		Amount of Each Disbursement this Period 641.25 Transaction ID : SB17.4311
City MAPLETON	State MN	
Zip Code 56065	Purpose of Disbursement ADVERTISING EXPENSES	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) B. AMBIENT LIGHT STUDIOS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 310 MAIN ST NE		Amount of Each Disbursement this Period 355.36 Transaction ID : SB17.4325
City MAPLETON	State MN	
Zip Code 56065	Purpose of Disbursement ADVERTISING EXPENSES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 330.67 Transaction ID : SB17.4305
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement CAMERA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Convention		

SUBTOTAL of Disbursements This Page (optional).....	1327.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. CHARLIE'S		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 104.08 Transaction ID : SB17.4341
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) B. CHARLIE'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.4343
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) C. CLARK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 525.50 Transaction ID : SB17.4344
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	754.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4302
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4312
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4319
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. LON FIRCHAU		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 125 FALCON DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4320
City MANKATO State MN Zip Code 56001	Purpose of Disbursement CAMPAIGN MANAGER	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4304
City BLUE EARTH State MN Zip Code 56013	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: MN District: 01		

Full Name (Last, First, Middle Initial) C. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4324
City BLUE EARTH State MN Zip Code 56013	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: MN District: 01		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.4350
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement MILEAGE	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: MN District: 01	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) B. JAMES HAGEDORN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 63		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4351
City BLUE EARTH	State MN	
Zip Code 56013	Purpose of Disbursement MEALS	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: MN District: 01	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) C. KWIK TRIP		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address MADISON AVE		Amount of Each Disbursement this Period 304.04 Transaction ID : SB17.4346
City MANKATO	State MN	
Zip Code 56001	Purpose of Disbursement FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Convention		

SUBTOTAL of Disbursements This Page (optional).....	5304.04
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Transaction ID : SB17.4309
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Transaction ID : SB17.4316
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 448 S HILL ST		Amount of Each Disbursement this Period 69.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB ORGANIZATION	Transaction ID : SB17.4321
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	207.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. P2B STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 4750 E 53RD ST
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement
CONSULTANT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 17 / 2014

Amount of Each Disbursement this Period
2819.16

Transaction ID : SB17.4308

Category/Type

B. RICHTER PICTURE COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 1741 LOIS DRIVE

City ST PAUL State MN Zip Code 55126

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 24 / 2014

Amount of Each Disbursement this Period
1625.00

Transaction ID : SB17.4322

Category/Type
001

C. DAN ROBSON

Full Name (Last, First, Middle Initial)

Mailing Address 232 STATE ST

City EMMONS State MN Zip Code 56029

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB17.4314

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 5444.16

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) A. RUSSELL LABEL & PACKAGING			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014		
Mailing Address 499 BURGESS ST			Amount of Each Disbursement this Period 338.42		
City ST PAUL	State MN	Zip Code 55117	Transaction ID : SB17.4317		
Purpose of Disbursement ADVERTISING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State:	District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....	338.42
TOTAL This Period (last page this line number only).....	23375.48

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF HAGEDORN** Transaction ID : **SC/10.4349**

LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HAGEDORN	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address PO BOX 63	

City	State	ZIP Code
BLUE EARTH	MN	56013

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2014		0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.