

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 The Mesabi Fund

ADDRESS (number and street) P.O. Box 77693  
 Check if different than previously reported. (ACC)  
 Washington DC 20013

2. **FEC IDENTIFICATION NUMBER** C00437129  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
 (b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
 (c) 12-Day **PRE-Election Report for the:**  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
 Election on [ ] [ ] [ ] in the State of [ ]  
 (d) 30-Day **Post -Election Report for the:**  General (30G)  Runoff (30R)  Special (30S)  
 Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 03 01 2010 through 03 31 2010

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 Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 04 19 2010

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

Office Use Only								<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Mesabi Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		55780.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	68320.98									
(c) Total Receipts (from Line 19) .....	36130.00	75928.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	104450.98	131708.87								
7. Total Disbursements (from Line 31) .....	9056.56	36314.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	95394.42	95394.42								
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) .....	0.00									

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  
The Mesabi Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	0.00	3500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	3500.00
(b) Political Party Committees .....	0.00	18.69
(c) Other Political Committees (such as PACs) .....	36130.00	72390.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36130.00	75908.69
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	20.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	36130.00	75928.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36130.00	75928.69

**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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7056.56	19314.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7056.56	19314.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	17000.00
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 .....	0.00	0.00
(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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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 .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9056.56	36314.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9056.56	36314.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	36130.00	75908.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36130.00	75908.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7056.56	19314.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7056.56	19314.45

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(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

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)  
The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)  
United Transportation Union PAC

Mailing Address 14600 Detroit Avenue

City Cleveland State OH Zip Code 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 17 / 2010  
Transaction ID: 5861613  
Amount of Each Receipt this Period: 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
United Parcel Service INC. PAC

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2390.00

Date of Receipt: 03 / 17 / 2010  
Transaction ID: 5861614  
Amount of Each Receipt this Period: 2130.00

**C.**

Full Name (Last, First, Middle Initial)  
Transportation Trades Department AFL-CIO PAC

Mailing Address 888 16th Street NW Suite 650

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2010  
Transaction ID: 5861620  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8130.00

**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 7 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund

**A.** Full Name (Last, First, Middle Initial)  
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 1 0

**Transaction ID:** 5861622

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
International Brotherhood of Boilermakers Campaign Assistance Fund

Mailing Address 753 State Avenue, Suite 565

City Kansas City State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 1 0

**Transaction ID:** 5861623

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Laborers' International Union of North America (LIUNA) PAC

Mailing Address 905 16th Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 1 0

**Transaction ID:** 5861624

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**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 / 14  
(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)  
The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)  
International Longshoremen's Assn. Comm. on Political Education

Mailing Address 17 Battery Place  
Suite 930

City State Zip Code  
New York NY 10004

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 5861626

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
MEBA PAF

Mailing Address 444 N. Capitol Street, NW  
Suite 800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 5861627

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Avenue, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 5861628

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 / 14  
(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)  
The Mesabi Fund

**A.**

Full Name (Last, First, Middle Initial)  
Association of Flight Attendants - CWA COPE

Mailing Address 501 3rd Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00151811

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 5861629

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Air Line Pilots Assoc. Int'l PAC

Mailing Address 1625 Massachusetts Ave. NW  
8th Floor

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 5861630

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Master, Mates & Pilots Political Contribution Fund

Mailing Address 700 Maritime BLVD.

City State Zip Code  
Linthicum MD 21090

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 5901308

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**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 / 14  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
The Mesabi Fund

A.

Full Name (Last, First, Middle Initial)  
Transport Workers Union Political Contributions Committee

Mailing Address 1700 Broadway  
2nd Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 5901310

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	36130.00

# 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)

PAGE 11 / 14

<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)  
The Mesabi Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Buena Vista Palace</p> <p>Mailing Address 1900 Buena Vista Drive</p> <p>City Lake Buena Vista State FL Zip Code 32830</p> <p>Purpose of Disbursement Mesabi Fund Event Catering Expense</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> 5819298</p> <p>Date of Disbursement 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2927.82</p> <p>Mesabi Fund Event Catering Expense</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Francesca Cox</p> <p>Mailing Address The Wakem Group 1532 Brookhaven Drive</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Mesabi Fund - Fundraising (See Memo Entries)</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> 5843006</p> <p>Date of Disbursement 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 190.12</p> <p>Mesabi Fund - Fundraising (See Memo Entries)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Mesabi Fund - Change Airfare Fee</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> 5843007</p> <p>Date of Disbursement 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b> Mesabi Fund - Change Airfare Fee</p>

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

3117.94

**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)

PAGE 12 / 14

<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)  
The Mesabi Fund

A.	Full Name (Last, First, Middle Initial) Mears Transportation Group	Transaction ID: 5843008 Date of Disbursement 03 / 11 / 2010
	Mailing Address 324 West Gore Street	Amount of Each Disbursement this Period 20.00
	City Orlando State FL Zip Code 32806	
	Purpose of Disbursement Mesabi Fund - Transportation Gratuity	003 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Mesabi Fund - Transportation Gratuity

B.	Full Name (Last, First, Middle Initial) Buena Vista Palace	Transaction ID: 5843009 Date of Disbursement 03 / 11 / 2010
	Mailing Address 1900 Buena Vista Drive	Amount of Each Disbursement this Period 18.00
	City Lake Buena Vista State FL Zip Code 32830	
	Purpose of Disbursement Mesabi Fund - Hotel Gratuity	003 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Mesabi Fund - Hotel Gratuity

C.	Full Name (Last, First, Middle Initial) Paradies Shop	Transaction ID: 5843011 Date of Disbursement 03 / 11 / 2010
	Mailing Address Ronald Reagan Washington National	Amount of Each Disbursement this Period 2.12
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Mesabi Fund - Food Expense	003 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Mesabi Fund - Food Expense

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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

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)  
The Mesabi Fund

A.

Full Name (Last, First, Middle Initial)  
Francesca Cox

Transaction ID: 5861364  
Date of Disbursement

Mailing Address The Wakem Group  
1532 Brookhaven Drive

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

City McLean State VA Zip Code 22101

Amount of Each Disbursement this Period

3850.00
---------

Purpose of Disbursement  
Mesabi Fundraising/Consulting

003
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Mesabi Fundraising/Consulting

State: District:

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

3850.00
---------

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

6967.94
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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 checked="" 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)  
The Mesabi Fund

A.

Full Name (Last, First, Middle Initial)  
Mike McMahon For Congress

Transaction ID: 5862786

Date of Disbursement

Mailing Address 66 Arnold Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

City Staten Island State NY Zip Code 10301

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Rep. Michael McMahon

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Contribution

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

2000.00
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TOTAL This Period (last page this line number only) .....

2000.00
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